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MEDICAL TIMES.

A BI-WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

EDITED BY FRANK WOODBURY, M.D.

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MAY 3, 1884.

CONTENTS.

ORIGINAL LECTURES:

CLINICAL LECTURE ON CASES OF DISEASES OF WOMEN. By James B. Hunter, M.D. 557

ORIGINAL COMMUNICATIONS:

NOT GUILTY, BY REASON OF INSANITY. By N. Roe Bradner, Jr., A.M., M.D. . . 561

FOUR CASES OF BRIGHT'S DISEASE IN ONE FAMILY. By Hiram Corson, M.D. . 566

REPORT ON HYGIENE AND TOXICOLOGY 572

TRANSLATIONS:

Antiseptic Intravenous Medication—Hypodermic Use of Kairine as an Antipyretic—Apparatus for Lifting Patients from the Bed 573

EDITORIAL:

MEETING OF THE AMERICAN MEDICAL ASSOCIATION 574

ON THE ETIOLOGICAL RELATIONS OF ZYMOTIC DISEASES 575

RESIGNATION OF PROF. ALFRED STILLÉ 576

NOTES FROM SPECIAL CORRESPONDENTS:

LONDON 577–580

BOSTON 580–582

PROCEEDINGS OF SOCIETIES:

PATHOLOGICAL SOCIETY OF PHILADELPHIA: Case of Epithelioma of the Stomach and Colon, presenting Singular Difficulty of Diagnosis—Malignant Disease of the Peritoneum and Abdominal Viscera—Malignant Disease of the Testicle tapped for Hydrocele—Rupture of one of the Aortic Valves during Severe Muscular Strain . 582–584

PHILADELPHIA NEUROLOGICAL SOCIETY: Objects and Duties of a Neurological Society—Spinal Accessory Spasm—The Primitive Fissures of the Fœtal Brain—Lesions of Snake-Venom 584–587

NEW YORK PATHOLOGICAL SOCIETY: Myxo-Fibroma of the Vulva—Pyelo-Nephritis following Gonorrhœa—Cyst of the Broad Ligament twisted upon its Pedicle, simulating Enlargement of the Uterus—Carcinoma of the Sternum, Clavicle, and Ilium—Acute General Miliary Tuberculosis—Fibroid Induration of the Heart—Peritonitis in the Infant 587–589

REVIEWS AND BOOK NOTICES:

Medical Diagnosis with Special Reference to Practical Medicine. By J. M. Da Costa, M.D., LL D. Sixth Edition 590

Elements of Modern Chemistry. By Adolphe Wurtz. Second American Edition. Translated from the Fifth French Edition by William H. Greene, M.D. 590

GLEANINGS FROM EXCHANGES:

Recovery after Transfixion of the Heart—Rhinoscleroma—Erysipelas without Fever—Danger of Administering Chloroform by Hypodermic Injection 590, 591

MISCELLANY:

Chloroform-Water—Cattle and Human Beings—Sarco-Peptones—New Medical Journals—etc. . 592

NOTES AND QUERIES:

Philadelphia Medical Jurisprudence Society . 591, 592

Obituary 592

ARMY AND NAVY NEWS:

Official List of Changes from April 13, 1884, to April 26, 1884 592

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MEETING OF THE AMERICAN MEDICAL ASSOCIATION 574

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ORIGINAL LECTURES.

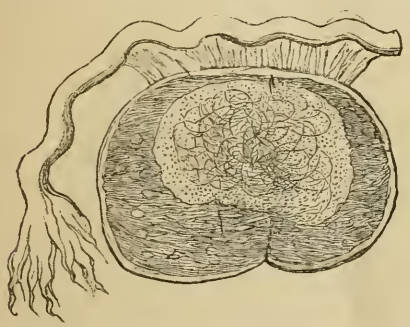
CLINICAL LECTURE ON CASES OF DISEASES OF WOMEN.

BY JAMES B. HUNTER, M.D.,

Surgeon to the Women's Hospital, and Professor of Gynæcology in the New York Polyclinic.

DERMOID CYST OF OVARY.

HERE is the left ovary, gentlemen, from the case described to you previously, which some of you saw me operate upon on February 12. The specimen



(as shown in the above figure) is one of dermoid degeneration of the ovary, and differs in some respects from any I have ever seen. The ovary is not much increased in size, but about half its substance consists of sebaceous material. It is an incipient dermoid cyst. The patient made a perfect recovery, feels very well, and is about to go home. She had had much ovarian pain, and had been a sufferer for eight years from intense dysmenorrhœa. The pain was most severe two or three days before the period, and was somewhat relieved when the flow began. She had become considerably emaciated, and was extremely nervous and excitable. Latterly she could not walk or stand with comfort, and the slightest exertion brought on intolerable pelvic pain. She said her life was a burden as it was, and that she desired relief at all hazards. She was willing to take the risks of an operation; but women are often willing to do that, not fully understanding what the dangers are. The examination showed the left (the cystic) ovary firmly bound down behind the uterus. All remedies had been tried; pelvic cellulitis had been diagnosticated. The prolapsed ovary was very tender; it was impossible to make the slightest pressure without causing great pain. She had been married, but had never become pregnant. Menorrhagia was a marked feature of the case, with frequent nausea and pains in the breast. She was an intelligent woman, not at all hysterical, and had followed the advice of her physicians faithfully for years, changing climate, undergoing treatment by galvanism, etc., but she grew steadily worse rather than better; and when I found that no other means offered a chance of relief, I advised and performed the operation for removal of the ovaries and tubes, with the result described.

But this operation should never be decided upon hastily, or before all the symptoms have been carefully weighed and studied. Do not trust too much to what the patient tells you or what her friends tell you. Observe for yourself, and take plenty of time for observation. It is better to lose six months or a year by waiting than to make a mistake and sacrifice a healthy ovary. If we are really satisfied from physical examination that the ovaries are seriously diseased, of course there should be no unnecessary delay; but the diagnosis is often made chiefly from the symptoms, and it is against too early operation in such cases that I make an earnest protest. I believe that many ovaries are removed to-day which ought to be let alone. Every new operation is liable to abuse, and the one we are considering is not an exception. I advise you to look upon the removal of the ovaries as a necessary evil, —to be resorted to only after all other means of relief have been thoroughly tried.

I have a case now under observation which, five months ago, I was called to see in consultation. One ovary was prolapsed and exceedingly tender. There was intense dysmenorrhœa, with nearly all the symptoms I have described as peculiar to the other patient whose ovary is before you. I ascertained, however, that only three months previously there were none of those symptoms, and that the woman was then in fairly good condition. The disease was recent, and time had not been allowed to do its work. I therefore differed from the two physicians who had persuaded themselves and the patient that an operation was necessary. I advised

waiting and the use of such measures as I have mentioned as appropriate in these cases. Gentle pressure was made on the prolapsed and congested ovary, the uterus being carried well forward at the same time. The vagina was lightly packed with elastic cotton. The neuralgic pains were relieved by the use of the constant current, a flat sponge electrode being placed under the sacrum, and the small sponge applied to the abdominal wall. The general health was at the same time carefully attended to. The result so far has been satisfactory. The ovary cannot now be felt; the dysmenorrhœa has diminished until it is quite tolerable; the patient takes regular out-door exercise, and is in a fair way to get well without the loss of her ovaries. She is a young married woman, and there seems now no reason why she should not become a happy and prolific mother.

As to the results, in well-chosen cases they are generally good. The pain is often entirely relieved, and the shattered nervous system gradually recovers its equilibrium. Women are always anxious to know whether they will become masculine or changed in any way after the loss of the ovaries. I have not noticed any material changes of this kind. You saw and examined a patient last week who, five years ago, had both ovaries removed. She brought a letter from Professor Hegar, stating expressly that he removed two ovarian tumors, right and left. As you saw, she was a very fine specimen of a feminine woman. She told us she had menstruated regularly ever since the operation. If both ovaries are so diseased that they do not perform the functions of ovaries, their removal cannot even technically render the woman any less feminine. The patient upon whom I operated a year ago last December wrote me a year afterwards that she had not failed to menstruate once since the operation. Menstruation had not been attended with pain. I removed in that case both ovaries and tubes, and both were diseased; but, as a rule, after removal of the ovaries and tubes, menstruation ceases or becomes irregular.

A good deal of interest attaches in these cases to the diseases of the Fallopian tubes themselves, which are rather common and not at all easy to diagnosticate, especially in women who are fat. The Fallopian tubes, for several reasons, may become inflamed, a common cause being gonorrhœal poison,—the inflammation passing up the uterus and into the tubes. Occlusion of the tube at the uterine extremity is not at all rare. In women who have this condition we often find that they suffer from intense pain before their periods, sometimes relieved when the flow is established; often they have exacerbations once in three or four months, and after intense pain and partial collapse they have a period of comparative comfort, continuing perhaps for one or two months, or until the tube again becomes distended, when it may perhaps discharge a portion of its contents, consisting of serum or pus, or it may be of blood, into the peritoneal cavity. Distention of the Fallopian tube with blood is least common. I operated upon a patient in November last where this condition was found. There was an ovarian tumor on one side, and on the other side the tube was occluded at both ends and distended with thickened blood; the corresponding ovary was hardened and contracted, and might be called cirrhotic.

PELVIC CELLULITIS.

This woman is 28 years old; has been married seven years; has had twins and two miscarriages. The first miscarriage occurred six years ago, and the last three years ago. She has been ill for six years. She menstruates regularly for three or four days, but she suffers from pain in the left side before menstruation. The pain sometimes comes a day before the flow. She complains of feeling sore inside, of pain in the breasts, and of nausea,—common symptoms of ovarian disease. The uterus is found to be anteflexed and fixed, the cervix small. There is induration of both sides of the organ, which would lead us to infer that the patient had suffered from a parametritis, which fixed the uterus. Where this is the case, it is almost impossible to detect an enlarged or congested ovary. That condition is very often the beginning of ovarian disease. An acute attack of pelvic peritonitis also is often followed by an inflammation of the Fallopian tubes. Next to gonorrhœa, this probably is the most common cause of inflammation of the Fallopian tubes. Moreover, the pelvic inflammation leaves the ovaries, tubes, and uterus fixed, matted down, bound together, and any congestion or inflammation of the uterus afterwards is apt to cause much pain. There

is a slight laceration of the cervix, which has cicatrized and is hard to the touch. I doubt whether this has much to do with her symptoms. After a marked pelvic peritonitis, it is improper to operate upon the cervix. This patient ought to be where she can keep quiet the greater part of the time, where she need not walk or stand much, or exert herself in any way. It would do her much harm to ride over a rough road, or even in the street-cars. By the application of strong iodine around the cervix from time to time, and by packing the vagina gently with cotton and glycerin, the inflammation would be improved; but any improvement will be very gradual.

ARRESTED DEVELOPMENT OF THE OVARIES.

This patient is 22 years of age; has been ill for a year. She has never been regular in menstruation. In September last, Dr. Anway removed an extensive warty growth, covering the whole vulva. It had been supposed to be due to gonorrhœa; but, on examination, we became satisfied that it was not. The growth was removed, and none of it returned. Afterwards we found that the hymen was perfect, the vagina was very small indeed, and there was no reason to suppose that she was not a virgin.

She gives a peculiar menstrual history. She says she has menstruated only seven times since she was seventeen years of age.

Examination simply shows retarded development of the ovaries. There is no evidence of inflammatory trouble. She is perfectly healthy, and does not suffer from pain in the pelvic region. Her only trouble is that she does not menstruate regularly, and I do not think, therefore, that we should interfere if we did not find, on further inquiry, that she has a reason for seeking advice, and that is that she is intending to get married. She is a comely young woman, and there is no apparent reason why she should not marry. But she knows that something is wrong with her, and desires to have it corrected. If a woman have marriage in view, of course it is justifiable to resort to some treatment with the idea of stimulating the torpid ovaries. One of the means for doing this, but a means which is not, even when carefully watched, entirely free from danger, is the use of the galvanic stem. One of our cases of amenorrhœa, after wearing the stem a few weeks, menstruated twice in succession, and felt much encouraged. It is true the electrical current excited by the stem is feeble; but, acting constantly, it sometimes has the desired effect. In the case referred to it was worn without any discomfort. If this woman did not intend to get married, I think she would be wiser not to subject herself to any treatment, for at present she is in good health and has no trouble on account of absence of menstruation. Still, if she insists upon having treatment, and if she were able to secure it, there is another method for stimulating the ovaries to activity, and that is by placing one electrode of a constant-current battery of ten or fifteen cells over the ovary and the other under the sacrum, and letting the current pass for ten minutes three or four times a week. This will not infrequently cause a metrorrhagia, perhaps a periodical one. But the probabilities are that as soon as the patient ceased the treatment there would be a relapse. A good many cases are reported as cured by galvanism in which, if followed up, it would be found that the cure was only temporary, lasting only so long as the treatment was continued. Of course the diet should be carefully regulated and the patient's general health attended to.

PROLAPSUS OF THE OVARY.

This woman is 20 years old; has been married ten months, and for ten months she has been complaining. She menstruates regularly and without pain. Before her marriage, the duration of the flow was four days; since her marriage it has been seven days, and she menstruates profusely. She suffers also from pain in the left side.

She comes here because she has, almost constantly, pain in the left side, low down, and especially when she stoops. She says she is anxious to have children, and she knows no reason why she has none; her husband is healthy and strong.

There are interesting features here, because the woman does not give symptoms corresponding to what we find on examination. The finger, on being introduced into the vagina, comes in contact with a tumor posteriorly, which must be either the retroflexed uterus, a fibroid, or a prolapsed ovary. If it be a sharp degree of retroflexion, she ought to have dysmenorrhœa, which she has not. If it be a fibroid, there should be more discomfort than she

complains of. One might suppose, too, from the presence of this tumor, that there would be constipation; but she says she has no trouble whatever with the bowels,—they move freely every day. The diagnosis can be made positive only by the passage of the sound. It is found that the sound goes backward and to the right, which proves that the mass felt in that region is the fundus of the uterus. The organ is sensitive to the passage of the sound; but the patient is expecting to menstruate in a day or two, and there may be more congestion and sensitiveness than usual. I am inclined to think also that there is prolapsus of the ovary backwards and to the right. The uterus being retroflexed, it becomes larger and more congested at the menstrual period than it would be if it were in its normal position. The patient told me a fact in her history which you did not hear,—namely, that her husband gives her a great deal of pain on sexual intercourse. There is one very tender point on making pressure, and it corresponds to what I take to be the prolapsed ovary. The treatment of these cases we have already considered pretty fully.

NON-DEVELOPMENT OF THE OVARIES.

The patient is 35 years of age, has been married twelve years, has never been pregnant. For five years she has suffered from dysmenorrhœa. The flow is scanty. Her last period, which occurred a few days ago, continued only one day. She never misses a period.

We find, on examination, that the uterus is directed backward, and on introducing the sound the patient winces and complains of pain. The sound enters only two inches, and is directed backward. The ovaries also are in a state of non-development. This woman, who is about 35 years old, has genital organs which are scarcely more developed than those of girls of ten or twelve years. It is not likely that we can do much for such a patient. It is very probable that she has inherited conditions which medicine and surgery can never remedy. She would derive some satisfaction from being kindly informed that her condition is incurable. She would then become reconciled to her state. She does not suffer much, and there is no danger to her life. She has never had children, and there is scarcely any possibility that she ever will have. She would be safer without treatment than with. You might cause a temporary metrorrhagia by active treatment, but that is about all you could do for her.

LEUCORRHŒA OF THE MENOPAUSE.

This patient is 46 years of age, has borne seven children. Has had two miscarriages. The last miscarriage occurred nine years ago. For the past six months she has complained of a constant pain in the pelvic region, burning pain in the vagina, with profuse leucorrhœa. She has ceased to menstruate. A few months after women cease to menstruate there is sometimes an irregular and rather profuse discharge from the uterus, which is irritating and sets up a vaginitis. That is what we shall probably find this patient suffering from. She has one symptom which would lead us to suspect salpingitis. For about three days she suffers from severe pain in the right side, sharp, "like needles," and the next day she has a profuse discharge of pus, followed by relief from pain. We find a slight laceration of the cervix, which probably took place at the time of the birth of her first child. It is one of those lacerations which never do any harm, and need not be operated upon. If the patient were put under ether we could say positively whether or not there is a tumor present, pointing to salpingitis, but from the examination which we are permitted to make to-day I should feel disposed to think that her condition is what I just stated,—a vaginitis due to an irritating, irregular discharge from the uterus just after the menopause. We will prescribe for her full injections of hot water, and, after the water, an injection of infusion of tobacco.

PROLAPSUS OF THE UTERUS.

Here is a patient 52 years old, a widow for five years, the mother of nine children. She had a miscarriage nine years ago. Her last child was born seventeen years ago. She has not menstruated for four years past. She complains of "falling of the womb." We find her wearing an antiquated form of copper pessary, which has done more harm than good, and has prejudiced the patient against the use of pessaries. But she will nevertheless be greatly benefited by a cup-pessary of sufficient size to retain the uterus well in position, one in which the stem is not

so long as to be in the way and make painful pressure when the patient sits. We have not failed to give relief by this method in any previous case of prolapsus, and doubtless this patient will find that she can wear a proper pessary with great benefit and convenience. The propriety of an operation on the vaginal walls may be considered in the future.

ENDOMETRITIS.

This woman is 24 years old. She has been married six years, has had no children. The first few years of her menstrual life she menstruated regularly without pain. She began to menstruate at twelve, and to suffer at sixteen. The flow continues for seven or eight days. She has no pain in the mean time, but for three days at the period she suffers so much that she has to lie down and give up her work. There is no pain until the commencement of the flow. She has grown thinner rather than stouter. This case, and the one which we saw in which we found retroflexion without corresponding symptoms, remind me to speak of a class of cases in which you find flexion of the uterus disappear during the progress of menstruation, and in this class of cases it is well to make an examination during the flow. The uterus may be found to assume a position quite different from that occupied during the interval. During the menstrual period the organ will straighten up, and the flow go on without any pain whatever. After the periodical congestion has ceased, the uterus again becomes relaxed and flexed. I do not think, however, that this condition exists in this patient. She is probably suffering from an endometritis, which gives rise to sterility, and which can be treated with hopes of success. We will direct injections of hot water to be given two or three times a day, as hot as she can bear them, and applications of the strong tincture of iodine, or of strong carbolic acid, should be made to the uterine canal about once a week.

OVARIAN TUMOR.

Our last patient this morning is 37 years of age, married twenty years, has had four children and four miscarriages. The last child was born eleven years ago. The last miscarriage occurred two years ago. During the last six months she has complained of pain in the left side. She menstruates regularly without pain, the flow continuing three or four days. The patient says that for six months a small tumor has been noticed low down on the left side. We find there a lump of irregular form occupying the region of the ovary. The uterus is pushed over to the right. If the patient were put under the influence of ether, a definite diagnosis could be reached. The tumor feels very hard for a cyst, yet not hard enough for a fibroid. We have, undoubtedly, some form of tumor of the ovary, probably malignant. The tumor is now as large as a small orange, and seems to be attached to the pelvic wall. If it increase in size and continue to cause pain and enfeeble the patient, it would be justifiable to make an exploratory incision, being prepared to remove the growth, if possible. For the relief of the pain, which is an ovarian neuralgia, there is nothing better than the daily use of the constant-current battery; but in patients of this class that remedy is not within reach, unless they are in a hospital, and some anodyne must take its place.

This patient will be kept under observation, that we may note any changes in the size or condition of the tumor.

ORIGINAL COMMUNICATIONS.

NOT GUILTY, BY REASON OF INSANITY.

BY N. ROE BRADNER, JR., A.M., M.D.,

Late of the Pennsylvania Hospital for the Insane; author of "Sanity and Insanity," "Lunatics at Large," etc.; member National Association for Protection of the Insane, etc.

OF late, public attention has been irresistibly and very frequently drawn to the published details of tragedies shocking and dreadful in themselves, and alike alarming and depressing in their influence over those whose interest is thus involuntarily enlisted. What can be done to check or restrain this terrifying and spreading epidemic of crime? There is something revolting and terribly responsible in the practice of capital punishment,—the slaughter of human beings,—even though it be sanctioned by law as the just punishment of the murderer; moreover, it is inefficient.

This destruction of human life; this demolishment of the glorious temple built in God's own shape,—that which no power

of mankind could reconstruct or re-inhabit,—is the exercise of a power, the right and responsibility of which we might, with becoming propriety, hesitate to assume. It is forcibly argued in favor of capital punishment that it is the only means of restraining murder, and that, were it not for the terror it infuses in the minds of dangerous men, crime would be more prevalent, murder more defiantly committed, and that no innocent chamber of sleep, or peaceful fireside, especially in the midst of wealth or other objects of his cupidity, would be safe from the invasion of the assassin. Yet we tolerate capital punishment, and murder abates not. Whether we do or do not exceed our moral right, we hang the murderer, in the practice of which relic of barbarism we strangle and choke him to death who is convicted of felony, notwithstanding some are so convicted who are innocent, while even the most guilty often manage, by some subterfuge, to escape. Too often, indeed, do we find our best citizens exercising their most strenuous efforts to evade the prescribed law and by any stratagem avert from some criminal the penalty of his crime, simply because he, and perhaps all mankind, may feel the punishment to be too severe. His crime may have been committed under the pressure of circumstances that few men could resist, but for which the law has made no provision in extenuation of punishment. In such an hour of peril we feel constrained to extend our helping hand; but, if the sympathy and assistance of every man in the community in which he is tried be enlisted in his behalf, it cannot avail to him if the law is respected and remains inviolate. If, on the other hand, we permit the law to be, in his case, ignored or misconstrued, and he becomes so fortunate as to escape the terrible punishment which the law says shall expiate his crime, then has the great gate of justice been unguardedly opened and through its portals do other prisoners escape, without reference to their innocence or guilt, or the enormity of the crime they may have committed. This is no fanciful picture, but a true portraiture of the evils and insufficiency of capital punishment, and the fact that the severe and extreme penalty may not only be averted from one most guilty, but fall upon an innocent head. Would it not be better for us to adopt, even at this late day, and hereafter profit by the maxim so widely and forcibly promulgated by Blackstone, that "Crimes are more effectually prevented by the *certainty* than by the *severity* of punishment"? Let the criminal know that he will be punished for a certain act, and he will refrain from committing that act. It does not answer the purpose that he risks a much more severe and terrible punishment, so long as there is any doubt about it. So long as he has any hope of escape, even the hope of pardon after sentence of death, he will recklessly risk all chances against him. It is the nature, education, and profession of the hardened criminal not only to risk danger, but to hope for escape; and he will continue to risk and hope until his punishment, even though it be less severe, is made more certain.

Referring again to Blackstone, I beg to repeat his own words supporting this theory, and which are to be found in vol. iv. of the Commentaries, chap. i., § 19: "Juries, through compassion, will often forget their oaths and acquit; and judges, through compassion, will respite one-half the convicts. Among so many chances of escape, the hardened offender overlooks the multitude that suffer. He boldly engages in some desperate attempt to relieve his wants or supply his vice; and if, unexpectedly, the hand of justice overtakes him, he deems himself peculiarly unfortunate in falling at last a sacrifice to those laws which long experience has taught him to contemn." While it is not the purpose of this essay to discuss the right or propriety of capital punishment, I cannot, at this time, forbear calling attention to my firm conviction that vice and crime may be mastered and expunged from our society, but only upon the same principle and by the same path they were allowed to enter, namely, by moderate degrees.

Vice and virtue are antipodes, but inculcated and indelibly impressed upon mankind, one at the expense of the other, in an open race, upon even advantages, to be won or lost by the same criterion. The intelligent and educated man has not become so at once and perforce, but by slow steps and diligent study. Likewise has he who is hardened and lost in crime been led to his deplorable condition by a graduated and perhaps lengthy course of vice. Many persons reared in vice and

crime have been taught to adopt and love a virtuous life, but such a change is not effected suddenly; neither does the scholar learn his profession except by gradation, step by step. In the same way may evil be learned.

The boy, bad at heart, who would be horrified at the thought of his becoming a murderer may easily be taught and even learn the strongest, if not the first, lessons through the very laws we have adopted to deter him and punish crime. He goes early to prison and is received in the company of hardened criminals, but peradventure is pardoned on account of his tender years.

Yet has he already learned the most dangerous lesson in the school of crime. He has escaped once, why not again and for a greater offence? Let that boy, in the first instance, be sentenced, not unjustly or too severely, and let him *pay* the penalty, whatever it is,—no pardon, no hope of escape,—and that punishment may be the means of keeping him out of the path of vice and the grave of a felon. By means of the pernicious pardoning system our streets, our high social positions, nay, our churches, are infested with pardoned criminals, men whose purses have bribed justice. Shocking! Yet it is true, and, I think, largely because our penalties for crime are most extreme in their severity, but equally uncertain in their fulfilment. The poor, the helpless, generally suffer this extremity of the law, while the powerful, no matter by what ignoble means they may have acquired wealth and position, escape, if by no other means, then by the pardoning power. Should we not, at one stroke, do away with these two bad instruments,—the one of injustice, the other of inhumanity? Let capital punishment be substituted by some more humane and justifiable penalty; let all degrees of punishment be lessened, if need be, to insure punishment at all; and then let there be no more pardons, except only for those who may have been unjustly convicted and whose innocence has been clearly established.

It is no uncommon occurrence for a jury sworn to determine the guilt or innocence of an alleged felon to return a verdict of "not guilty," when there is no shadow of doubt as to his having committed murder, but because of some extenuating circumstances attending or surrounding the act, and by reason of great public sympathy for the prisoner. On the other hand, if the jury find a verdict of guilty, it becomes the duty of the judge to pronounce the sentence of death. It becomes a terrible responsibility for the juror to say "guilty" when he considers the consequence; it is humane and merciful in him to entertain this consideration; but is it right? Is it not outrageous that men called to act as jurors should be placed in a position so awkward and dreadful; that, having been sworn, they must either pronounce a man not guilty, whose guilt they surely know, or to say guilty, knowing the verdict will consign a fellow-man to the gallows who merits not that awful punishment, except through the imperfection of our laws? What can such a jury do but to acquit, notwithstanding proof of guilt, and that they have sworn before God and man to decide upon the evidence? What a farce, what a prostitution of law, when a jury must first consider the consequence, before they can decide whether a black object is black or white!

It is not within the province of the jury to determine the punishment; that is already provided for. Their duty and right embrace only one question, Is the prisoner guilty? And now, this day do I solemnly and earnestly protest and declare that it is an outrage upon the jury, a disgrace to law, and an insult to social science, that this state of justice should exist in our enlightened age. We laugh at the Scotch verdict "Not guilty, but don't do it again," but what better is our own reasoning, "This man must not be hung, therefore he must be insane"? In a trial for murder every averment must be established beyond a reasonable doubt. One of these is malice aforethought. If the commonwealth fails to prove malice, she fails to prove murder. But there can be no malice or criminal intent, when the mental condition of the accused is such that he is incapable of forming an intent, or distinguishing between right and wrong. This is the foundation of the defence of insanity, that has become such a ready obstacle to the progress of justice, and the oft-repeated charge of the judge, "If the prisoner was of insufficient mind to enable him to comprehend the act, or distinguish right from wrong, then is he not guilty." A man, perhaps a model of character in the society in which he moves, is brought face to face with a villain who has robbed

his home of its most precious endearments, life and virtue; he shoots him down and surrenders himself to justice. He has done no more than he ought to have done, his act was praiseworthy; and yet the jury before whom he is tried must find him guilty of murder, or insane. The law in its present imperfection provides no other alternative. The preposterous reasoning that alone suffices to rescue that life from the ignominious end of a felon, is that by reason of insanity he was irresponsible for the act,—an act which every man worthy man's name, or to be the custodian of home and virtue, would be ashamed to leave undone or to hesitate in its accomplishment. If it were insanity that deals thus justly with lawless seducers and assassins, then would I call insanity a noble virtue. But while juries are humane and charitable in thus disposing of cases that so touchingly appeal to their sympathies, they are not to forget the law that bids them not regard personal interest or popular favor, forgetting compassion and tenderness. It is their duty to be influenced in their verdict by facts alone as produced in evidence, no matter whether it is what the world most desires to hear or that which may bring sorrow to every heart. I insist, it is not the duty or right of juries to mould their verdicts to suit the will of the people.. Let the principle be once established that a jury may determine whether a man is sane or insane upon the single issue whether or not that jury wish him punished for a certain act, and trial by that jury becomes a farce.

We have recently seen remarkable instances of popular approval of exactly such action by jury in the conflicting trials of Charles J. Guiteau and James Nutt. Guiteau was a depraved and dangerous man, but I do not think that the man exists who believes he was of sound mind. The form of his mental disease and the extent of his responsibility were just subjects of much study and great diversity of opinion. To maintain, however, that he had no mental infirmity was an opinion too preposterous to be entertained by any, even the most anxious to do so, after the closing scenes of his life. It is true that the crime he committed was so dreadful in itself and its consequence, and so demoralizing in its precepts, that the unanimous voice of the country called for his blood. Let us, however, for a moment suppose that Guiteau had been an inmate of some asylum, demanding his discharge and restoration to liberty, in spite of the proof of insanity as produced in evidence and testimony at his trial in Washington; where is the judge who would have taken the responsibility of his sanity, and granted his discharge and release from asylum restraint?

Yet there is no getting around the true fact, that if he were sane in one situation he must be so in the other. No, the state of circumstances there was this,—Guiteau must be hung; *ergo*, Guiteau must be sane.

Passing now to the other case, of more recent date, the situation is exactly reversed. The public demanded the exoneration of the prisoner, and, as there were no other means of effecting this end, why, as a matter of course, he is proved to be crazy.

On the 24th of December, 1882, at Uniontown, Pennsylvania., N. L. Dukes, a lawyer and member-elect of the State Legislature, was called upon at his hotel by Captain A. C. Nutt, Cashier of the State Treasury. A quarrel between them immediately ensued, and, other parties coming into the room, Captain Nutt was seized and held, whereupon Dukes drew a revolver and shot him dead. It then appeared that Dukes had betrayed Nutt's daughter, and, subsequently writing them the most vile letters, had finally murdered the outraged father of the despoiled home. Strange to say, a jury was secured that acquitted Dukes on the ground of self-defence. Dukes then defiantly faced James Nutt, brother of the outraged Miss Nutt, and son of the murdered Captain Nutt, who in turn, and very properly, shot Dukes, as if he had been a mad dog.

Now comes the trial of James Nutt for the murder of N. L. Dukes. The jury is sworn to decide whether he is guilty or not guilty. There is no doubt of his guilt, but if the jury say guilty the consequences will be too terrible to contemplate, wherefore the question is promptly changed from whether he is guilty or not to whether he is sane. As a matter of course, James Nutt is acquitted on the ground of insanity, the alleged insane act being, in all probability, the most praiseworthy act of his life. I now ask, who is there, having read a page of law, who does not comprehend that in each of these cases, that of Guiteau and that of Nutt, the supremacy of the law was ignored, while in the two cases as

viewed together the principle of justice was compromised in one and contradicted in the other? Making use of the present opportunity to express my views, I not only believe that Nutt was sane and Guiteau insane, but hazard my confident opinion that a jury of twelve honest and intelligent men could not be found to pronounce James Nutt a more insane man than Charles J. Guiteau.

And yet so much more powerful is the influence of human sympathy than respect for law, that in our day the sane man, by reason of assumed insanity, is acquitted, having shot a villain, while an insane man was hung for shooting our beloved President. Let us now, as scientific men, take a dispassionate view of this situation and detect the error that certainly exists and that has so plainly manifested itself in these two murder-trials.

Life is sacred. The vilest man living within this State, unless a convicted felon, is as much entitled to the protection of the law, in the preservation of his life, as is the governor, or any one of the judges. Likewise is it in the eyes of the law as great a crime to murder the most miserable tramp, as it would be to assassinate the chief magistrate. In both of the trials referred to, justice was administered not in accordance with the act that brought the prisoner to the bar, but with reference to the consequences of that act. For such construction of law there is no authority. It would moreover be a most dangerous precedent to establish, that the punishment of a criminal should be measured by the consequences of his crime; else there would be no protection for the life of any man except him whose life could be proved to be valuable; a social status alarming to contemplate, but towards the dangerous shores of which we even now are drifting. No, it is not the result of crime, but crime itself, that law would punish; wherefore it provides no difference in the penalty of a murderer because of his lofty or degraded position in society, or that his victim was the most prominent and worthy member of society or a worthless outcast. Even so should it be in the consideration of insanity. If this mental infirmity secure immunity for the rich or powerful, so should the poor and despised be considered at the bar of justice when an insane act has placed him in the criminal dock; and so should his life be spared when it becomes certain that his outrageous act was the offspring and outgrowth of insanity. This subject is too important to be overlooked or disregarded. We know not how soon any one of us may be called upon to defend a personal, perhaps dear friend, whose mental disease, though now latent and even unsuspected, may ere long quickly develop and place him in the attitude of a criminal. Most earnestly do I appeal to all men, and especially to lawyers, judges, and juries, to weigh well and honestly the evidence both for and against the plea of insanity.

I am pleading now in the cause of the insane, and not in behalf of criminals who feign insanity, and whose shrewd counsel, in *dernier ressort*, endeavor to obtain for them a verdict of acquittal on the ground of insanity that does not exist. On a former occasion ("Sanity and Insanity," page 6) I called attention to the dangerous as well as dishonest practice of offering the plea of insanity in every desperate case, without reference to whether or not the alleged criminal is really insane; and since that time the pernicious custom has not abated. Too often do we hear in every circle that the "insanity dodge" is overdone, and too frequently successful. Not that it is a matter of so great importance that one impostor and guilty criminal should now and then successfully practise this subterfuge and escape just punishment, but that such precedents have bad influences and are very detrimental to the interests of those who really are insane.

So common has this line of defence become, so much has this just and humane provision been abused, that we already doubt or discredit the honesty of *all* such pleas, until we are convinced by conclusive evidence. The consequence is, that when one who really is insane is brought to trial for an alleged murder, and his mental infirmity advanced in his defence, the public mind, having become distrustful through oft-repeated deception, receives his plea with little favor, and extends but little sympathy to the prisoner tottering perhaps under "the last infirmity of a noble mind."

Repeated instances have come under the observation of the writer, where evidence, conclusive to the mind of an experienced expert, has been ignored by judge and jury, and the wretched lunatic sentenced to suffer the penalty of death;

to be strangled, because forsooth he was so unhappy as to be insane, and so unfortunate in poverty that his just and rightful defence could not be made sufficiently clear.

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FOUR CASES OF BRIGHT'S DISEASE IN ONE FAMILY.

BY HIRAM CORSON, M.D.

CASE I.—Mrs. S. D., 28 years of age. The last of her three children was born May 10, 1871, in good health. Three months prior to its birth she had noticed a swelling of her ankles which had increased and extended to her body before labor came on. The dropsy scarcely subsided at all while she lay three weeks in bed; her physician then began a treatment, and continued it for three weeks more, with no relief. The feet had so swelled that the toes cracked open, but under treatment during the next three months she gradually improved: though still greatly swelled in the lower limbs, she was up and doing a good deal of work. She then took no medicine except for a short period in 1873, when she was in the hands of a quack in Philadelphia. At that time her husband fell sick and died within three weeks. Such is her account of her case upon coming to me, March 12, 1874, three years after her feet first began to swell. She was then greatly anasarcous; the legs, thighs, and body, even the neck and face, were quite œdematous. The menses were regular and in proper quantity, but during the interval she always had one day of sick-headache, just two weeks after the menses disappeared. At no other time was the head at all affected. She had a good appetite at all other times, and slept well. Specific gravity of urine, 1006: upon boiling it precipitated nearly one-half albumen. On the 20th of March, 1874, I began treatment by directing one large teaspoonful of cream of tartar and one teaspoonful of infusion digitalis to be taken in a tumblerful of water three times a day, and I ordered a diet mainly of skimmed milk. Her pulse was 96 and very indistinct. April 21, pulse 68, specific gravity of urine 1013. May 1, gave her iron and quinine for two weeks, then muriated tincture of iron alone, and had her body bathed daily with weak solution nitro-muriatic acid. The diet of skimmed milk was continued until June 15, when the swelling of limbs and body had disappeared, the pulse being 72, albumen one-seventh, and no casts to be found. She then thought herself well, and ceased to take medicine, and applied herself to a general supervision of household affairs, making up sixty pounds of butter per week. Three months afterwards, September 15, I was again sent for, and found the former condition had returned: urine was one-half albumen, limbs much swollen, and now on Friday of every week she had sick-headache all day; on other days she was quite active. I prescribed digitalis, cream of tartar, and iron as before, but without much change in her condition for the next five weeks; the sick-headache recurred regularly every Friday; pulse 88 and feeble; urine about a quart daily, with at least one-third albumen. Then, October 24, I had her to visit Prof. Alfred Stillé, of the University of Pennsylvania. She, with a friend, rode to his office, being quite active. He advised a tablespoonful three times a day of the following mixture,—℞ Tinct. ferri chloridi, f℥ss; acid. acetic. diluti, f℥j; liq. ammonii acetat., f℥iiss; elix. aurant. cort., f℥ss; glycerinæ, f℥ss,—and a hot-air bath at night, with no restrictions in diet,—this last partly because she was stubborn in relation to restraint in diet.

January 1, 1875, but slight change; still sick every Friday all day; pulse 80, but there is less albumen in urine; has had a cold, with much cough, for a month. Ordered one teaspoonful of infusion of digitalis, one of syrup of squill, and one-twelfth of a grain of sulphate of morphia, three times a day, which relieved her cough greatly in a few days, but the albumen increased to two-thirds. On March 1 she was weaker, lying down in daytime an hour or two, but was still pretty active, pulse 90, coughed a good deal, though expectorating but little; she breathed easily; considerable mucous rhonchus. March 15, four days since, she went into an unoccupied house to direct those cleaning it, remaining there in the cold several hours, thus increasing her cough greatly. I directed her to resume the iron and digitalis. April 10, she has had no spells of sick-headache (which I should have stated was always accompanied by frequent retching and vomiting) for about two months; slept well, ate well, heart beat regularly 88 per minute, though so weak was the pulse at the wrist that I could scarcely feel it. Her menses, expected on the 28th of February, failed to appear. Her vision has been perceptibly affected for three weeks (since the failure of the menses), seeing as through a mist, though the eyes looked clear. This affection of her eyes, taken in connection with her sallow face and swollen eyelids, her scanty urine,—less than a pint daily,—swelled limbs and body, casts and scales and albumen in the urine, and suppressed menstruation, warned me of approaching death. May 6, punctures in the limbs, a few days since, reduced the swelling of the body; pulse 112; urine more than a quart daily. She could not see my knife at a distance of three feet; pupils were greatly dilated; slept well without anodynes; has had no headache for months, and only one sick day; can hear well; urine nearly one-half albumen. Though never before alluding to it, she now says that ever since

the invasion of her disease she has had *spells* which were quite alarming, occurring three or four times a day, at intervals of several days, and which are becoming more frequent. A pain would strike her over the sacro-iliac junction, and, in an instant, fly to the pit of the stomach and then to the nape of the neck. The paroxysm lasted only a minute or two, perhaps less; but while it lasted she felt "as if her breath was stopped and she must die at once;" and her sister said that while it continued her head was thrown back and her countenance looked like one dying. But, despite all this, she had been on a visit to her father's house, a mile away, and was smart and cheerful. Scarcely knowing what to prescribe, I directed her to inhale sulphuric ether a few times daily, and showed her how to use it. She had been taking one-sixtieth grain of strychnine three times a day, and now—May 13—her sight had somewhat improved, and she had not had a single spell since she began, a week ago, to use the ether. Some nights she had not rested well, but whenever she took one-quarter grain of morphia she could get good sleep. Can it be that the ether promptly checked the spells? Her appetite was pretty good, and she ate what she pleased. May 16, pulse 88, pain under sternum shooting to left shoulder; urine very albuminous. Prescribed morphine to relieve the pain. Was taking digitalis. Having been three days without strychnine, I now advised one-fortieth grain three times a day. June 3, 3 P.M., I was sent for in haste, and found her in great distress, wholly blind, and apparently helpless, but sitting in a chair, tossing, tumbling, moaning, and occasionally crying out, "Oh, my! Oh, my gracious!" and scarcely conscious of our presence. I had her placed in bed, but her distress was fearful. Applied ether, and after getting her well under its influence kept her so for several hours. At 9 P.M., when still slightly under the influence of the ether, she had a terrific convulsion. I stayed with her through the night, giving moderately, though with much difficulty, small doses of hydrate of chloral, and one-quarter grain of morphine hypodermically; but despite it all she had eight convulsions before morning on the 4th. She had taken sixty grains of chloral in the last six hours. After 5 A.M. she had no fits, but was unconscious through the day. Gave water as drink, used the catheter, and awaited developments. Having now a rest from active duty, I took a review of the strange case before me,—a strong case, apparently, of Bright's disease. Memory brought to me numerous reported cases of convulsions in puerperal women, resembling these, and charged to uræmic poison by those who believe in blood-poisons; also brought to me many reported cases of convulsions from strychnine which resulted in death; and I feared that possibly my one-fortieth grain doses, which she had taken for eighteen days, had caused this fearful suffering to my afflicted patient. It was not a pleasant thought, but I hoped that the uræmic poison, which is strongly charged with destroying so many helpless lying-in women, was not a myth, but a real power, now about to have an easy victory over her who had been for four years afflicted with the dreaded albuminuria; who had been blind for months; who had long suffered from those *spells* which brought her face to face with death; whose body was sallow, anæmic, and dropsical; whose urine was scanty and filled with albumen and casts of tubes,—although had she died then I would have been very uncomfortable; but she did not. Next day, June 6, conscious, answers questions sometimes; pulse 88. Drew half-pint urine, specific gravity 1010, one-third albumen. She continued to improve until the 22d, when she walked down-stairs, could see my hand a few feet away, and had a good appetite.

On 24th very sick at stomach. After failure with reputed specifics, used ice with great relief; pulse 100. Next day, pulse 72; could see about as yesterday; had no headache, no sickness, pretty good appetite; eats pickled oysters and whatever else she chooses; goes up and down stairs easily; has no dropsy; slept well last night on one-quarter grain sulph. morph.; did not rise last night at all; feels so well that she says if she could see she would think herself well. For some time she has had an involuntary jerking of the legs in the night-time, after having passed one or more nights without taking one-quarter grain morphine. When thus affected, a small dose would remove it in a short time. I prescribed only some aperient medicine. She continued to improve, walked in the yard, ate well, and could see better, until July 5, when she became dull, did not care to go out or to talk. July 6, nothing unusual about her till 9 A.M., when she began to talk strangely, and by noon was tearing off her clothes and appeared to be wholly blind and apparently unconscious. I saw her at noon; she did not know me; pupils somewhat dilated, pulse 128, but I could not count it at the wrist. She would suddenly half rise in bed and immediately fling herself down. Gave her ten grains chloral every hour till ʒi was taken, then one-quarter grain morphine over the pit of the stomach by the syringe. At 3.30 P.M. she had a fit lasting five minutes, and another at 4.30 P.M. At 4.45 I injected one-quarter grain morphine over stomach, drew off urine, natural in odor and color, albumen by heat one-third, by addition of nitric acid one-third more. Had five more fits before next morning at eight o'clock, but was not so deeply unconscious as on the former occasion, and had not so much chloral or morphine. At 9 A.M. (July 7), one hour after last fit, I saw her; conscious, pulse 112, pupils natural, lies

with eyes closed; has taken no medicine since ten last night. Drew 6 oz. urine, clear, natural in appearance; is wholly blind. July 11 (noon), sick and vomiting all the morning (after a restless night); is very restless, and, though dull, is crying out as before. Gave her twenty grains chloral, and in an hour twenty grains more; in an hour more she was much composed. Had not urinated for fourteen hours; drew off 6 oz. with the catheter. From 3 P.M. till 7 P.M. she rested well and was not given anything. At 7 P.M. a fit followed a few moments of restlessness. The fit over, twenty grains chloral were given, and she soon after became conscious. I then left a drachm to be used in the night if needed. From that time till July 31 she was at times quite comfortable, able to eat and urinate, and sleep well with a little morphine or chloral; but on two occasions she was threatened with convulsions, which were happily averted by prompt use of chloral. She was totally blind at times, at others could see faintly persons in the room, and on one occasion could see them well enough to name them. August 12, Prof. James Tyson saw her with me. He thought he could hear a decided bruit at the heart. She had passed twenty-eight ounces of slightly turbid urine, albuminous, and rich in phosphates, in the past twenty-two hours; she could see the furniture in the room. During the week she had taken quinine and iron twice daily, with whatever besides seemed indicated to relieve special symptoms or complaints. The jerking was absent now, though taking scarcely any morphine. Dr. Tyson after examination of the urine decided that she had Bright's disease, either large white or albuminous kidney. Among his suggestions was that of using potassium bromide, fifteen grains, three times daily, instead of morphine. It was given, but, as it made her sick and the jerking returned, we resumed the use of the latter when it seemed to be needed. She soon began to eat ravenously of chicken, mutton, beef, clams, milk, eggs, beans, potatoes, etc., —would not be restrained; indeed, I did not feel like attempting to do it, for her appetite was strong, and I was not at all sure that the profession had agreed on any one kind of food being more valuable than all others. For many weeks she had had no œdema, and one-fourth grain of morphine sulph. would always quiet the jerking of the limbs. There was little change till August 28, save slight swelling of the legs. On that day she had epistaxis, became deathly pale and shrunken in face. The bleeding continued for several hours, until the blood was so pale that it could scarcely redden a white cloth; yet she sat in her chair all night, despite the entreaties of her friends that she lie in bed. The every-day details of the case would weary. Suffice it to say that until the day of her death she contined to alternate as before, but there was little sickness, no headache, often much desire for food, mind quite clear; with twenty grains chloral good sleep; would often make water by her own efforts, but could not quite empty the bladder; and then followed frequent desire, requiring the use of the catheter, the urine then being offensive and containing much mucus. September 8, she sat up nearly all night, and was evidently dying. Voice had gradually failed during several days, and now she could speak only in whispers; dozed much, but not from medicine. September 9, dying, but still could answer questions, take drinks, etc., but would not lie down; no swelling save in feet and legs. She died sitting in her chair, at 8.30 P.M., September 10, 1875, about four years and four months from her confinement, and one year and six months after I was called to her. At all times, save when having convulsions and just prior to and subsequent to them, her mental condition was normal. But a short time prior to her death she dictated her will,—a most thoughtful document.

To me this case was a most humiliating one. While I doubtless gave much relief at times, I felt that over the steady march of the disease I had almost no control. I sought information as regards treatment from all available sources, but still felt that none of them gave much assurance of success.

Case II.—While in attendance on the above, I was called, February 10, 1874, to see her mother, Mary F., whom I had known for many years as the daughter of very healthy people and the wife of a well-to-do farmer in our limestone valley. She had had several children, four then living, and had been a very healthy, hard-working woman. She was robust in appearance, and had had but little sickness. I found her engaged in her domestic duties, but she was sallow and dull-looking. She told me she was getting blind; that about two years ago, finding her sight defective, she had gone to the Wills Hospital for advice and treatment, and that, after visiting there several months, and being treated by one of the physicians (sometimes at his private office), without an increase of vision, she quit taking medicine. From that time until I saw her, more than a year afterwards, her sight gradually failed, until she could not see to do her work, and on account of this increasing blindness she had sent for me.

As I had been in attendance on her daughter nearly a month, at her home a mile distant, and as in general appearance of the face, sallowness, and slight puffiness of the eyes, and as the daughter's case was one of pronounced Bright's disease, and as the physicians of the Wills Hospital had not been able to relieve the failing vision (possibly because they did not recognize the character of the

disease), I suspected that she was a victim to Bright's disease. An examination revealed low specific gravity of urine, copious deposit of albumen, slight swelling of legs, and dulness of intellect. There was no unusual appearance of her eyes, but she said there was a mist before them. I have no notes of her case, but I gave her—I will not say, "appropriate treatment"—such treatment as seemed to me indicated, and she went along without much change, except a gradually increasing anasarca and blindness until she could not recognize her friends. Three days before her death she fell into a coma which deepened into death without a convulsion on the 15th of March, only one month from the date of my first visit.

Case III.—Thomas F., the husband of the above, and the father of the first case, aged 60, a strong healthy man, descended from two healthy families, a farmer, was well until the spring of 1881, nearly six years after the death of his wife, and five years after the death of his daughter. At this time he had an attack of dumb ague—now called malarial fever—which confined him to bed for two weeks in November, 1880, and in December it recurred, and he had two weeks more in bed, under the care of a physician, before he could again resume work. From that time he complained of pain in his loins, loss of appetite, and a general malaise, which soon disqualified him for work; but he continued to oversee his large farm, and to the neighbors he did not seem to be a sick man, but they attributed his avoidance of work to the fact that he said his eyesight was failing very fast. In May of 1881 he went to a homœopathic doctor on account of increasing blindness and because the pain in the small of the back on both sides had much increased. He continued under his treatment until September 3, without relief or much aggravation of the disease. On that day, while in Norristown, where he had gone on business, his nose began to bleed at 3 P.M. and continued till dark. Began again next day at 4 P.M. and continued until next morning at six o'clock. After that day, which was just four weeks before his death, he bled now and then a very little after a hard coughing-spell, but not much, until the day before he died, when he began to bleed in the morning and it continued all day. He died next morning at seven o'clock. He was quite sensible all the time, and could see so as to recognize his family if standing very near to him.

Case IV.—After the death of the father, the farm was managed by the two sons. The younger was married, and 29 years of age. In the fall of 1880 he began to have a slight cough with mucous expectoration, which continued through the winter and on till the beginning of the next winter; but he was strong and worked actively on the farm. In December, 1881, he took cold and had a moderate pneumonia. Dr. Newberry, his physician, has kindly furnished me with the following: "I treated him last January for pneumonia of a moderately severe form, which was the only time I ever treated him, except his last fatal attack. During the latter part of April, while attending one of his children, my attention was called to himself. He had an icterode appearance; a little puffiness under the eyelids; was rather constipated; appetite good, but with a languid, weak feeling; easily fatigued, drowsy, sleeping a good deal of the time, both by day and night. This drowsiness and languor he said he had suffered for some time. The urine was increased in quantity, was of a pale color, and a specific gravity of 1008, heavily loaded with albumen. It was not examined microscopically. These symptoms increased gradually, with slight intermissions of improvement of vision and hearing, for two or three months, when there supervened impairment of vision and hearing, with epistaxis; also a cough, with a mucopurulent, rather profuse expectoration. The appetite and the sleep were not good. There was a very troublesome itching—most troublesome on the face—occurred the week preceding death. There was frequent desire to urinate and difficulty in doing it, and during the last three days the catheter was needed. He had much twitching of the muscles, but no convulsions. The pulse varied much in frequency, but was at no time very rapid. There was not much effusion. The case was the most rapid one that ever came under my care, and I am really unable to assign any probable cause or to advance any theory for the occurrence of these cases in that family and in that locality."

To this account of Dr. Newberry I can now add the testimony of his stepmother, who resided in the house with him. She says, "After his attack of pneumonia, which had confined him to bed for two weeks, he recovered quite rapidly and worked until the very last of April, when he complained of an increase of the pain in his back or loins, which had troubled him since the attack of pneumonia. He was also occasionally sick at stomach, his eyes were failing him, he felt weak and weary, and could not work. Early in May he had bleeding from the nose for two hours, and it left him weak and pale. He had occasional light bleedings after that, and in four weeks from that time died in a convulsion which had lasted but a few minutes. He was totally blind during the last week, and had wandered a good deal in his mind during the previous week."

In Case III., as the urine was not examined, it may be asked, "Why do you speak of this as Bright's disease?" Its entire accord with the others in the early symptoms of pain in the back, loss of appetite, general malaise, and gradually-failing vision, and, later, the epistaxis, certainly justify me in putting it with

the others. That it would have gone on to blindness and convulsions but for the hemorrhage which brought on premature death, I have no doubt.

The family thus afflicted, in summer, used water for cooking and drinking from a well sixty feet deep, the bottom being limestone, while the whole depth was through the "drift" which covers our valley in some parts to a depth of one hundred and fifty, or more, feet.

In winter and fall—indeed, always when the weather was not warm—they used cistern-water, which was drained from the roof of a large house. This arose partly from the fact that the well-water was fifty or sixty yards away, while the cistern was at the door. The well-water was pure, cold, clear limestone-water. There is now so much dread of impure water causing disease, that it may be well to say that this family of most cleanly people in all that would be seen by a visitor was in the habit, for many years, of keeping a flock of pea-fowls and many pigeons. I was a great admirer of the flock of beautiful pea-fowls, and thought I would like to have them strutting about my large lawn, so I procured a pair and raised a few. I soon found that it was almost impossible to keep them from the top of the house, without penning them, where, if not at once driven off, they would soon leave heaps of droppings; and what surprised me was the great amount voided at once. It seemed to me almost equal in amount to that dropped by a calf of two or three months. I soon disposed of them; but this man continued to raise them. Seldom had he less than five, and often twice that number. As he never prohibited them from the roof of any of the buildings, they spent a great deal of time there. While writing this paper, I went over to see if they were still disporting themselves on the roof of the house. The family was away, but the hired girl appeared. After inquiring for Mrs. F., I referred to the beauty of the pea-fowls, remarked that they were troublesome things, and inquired if they went much on the top of the house. She said, "Oh, yes; but not so very often." I saw at once that it had not been a subject of conversation among them, and am convinced that, if it was not an every-day place for the fowls, it was where they spent much time. In addition to these, they kept a large number of pigeons, birds which, when not in their boxes, are nearly always on the roofs of the house and barn. It is not uncommon in the country to see two or three dozen on a house- or barn-roof at one time. What must be the condition of cistern-water derived from such a roof? Some people think if water is cold it is pure. Would ice purify a pitcherful of this? Again, they kept a large dairy. The cows drank from a pond and from cisterns which were supplied with water from the roof of the large barn, on which the pigeons and pea-fowls so often congregated. In the very warm weather, too, the cows frequently waded into the pond and stayed there, as is their wont, for considerable time. Now, what effect would the use of such water have on the milk? Would it be deteriorated? I have thought much on this subject, and read a great deal on the importance of clean stables and clean cellars and the facility with which milk absorbs odors, yet am inclined to believe that there would come no harm to the *milk* though the cows had drunk of water from the reservoirs above named, though I confess I have sometimes been nauseated when thinking of the condition of the water in cisterns supplied by roofs where pigeons and pea-fowls daily congregate.

I know of no other family in the region that keeps pea-fowls, though pigeons are often quite plenty. Some farmers use much milk and pork as food, and they probably did. I have thought it well to mention these things.

These four cases strongly resembled each other in the condition of the urine, the pain around the back, across the loins and shooting to the neck, the gradual loss of vision, going on to total blindness, and the coma which preceded death. What is the cause of the coma and the blindness? I have read much on the subject, but confess that, so far as treatment is in question, I know nothing that is available after the grave symptoms have appeared.

Many physicians flippantly explain every symptom—especially coma, blindness, and convulsions—by saying it is uræmic poisoning. As I know nothing from examination, let me admit that the common teaching, that the urea which should be drained out of the blood by the kidneys is, on account of disease in the kidneys, *not* taken out. This urea, it is said,

will poison the brain. So it is said, too, in the woman with puerperal convulsions. The kidneys, then, must be affected in both alike. Christison has known the daily discharge of the solids of the urine to be reduced, for weeks together, to one-fourth the natural amount, without any head-symptoms. All the readers of these cases know what is written on the subject; let me rather say my own thoughts on it.

In every variety of the disease the cause seems the same: a congestion, then inflammation, of some part of the kidneys. In the early stage, Dr. Tyson's treatment—"cups (wet or dry), rest in bed, cathartics, etc., to allay inflammation"—is doubtless the best yet recommended. But there is a better than that. If there be congestion or inflammation of the kidneys, a single good bleeding from the arm will do more towards relieving the patient in five minutes than all other remedies in common use will do in as many days, and after that, cups, opium, etc., would greatly aid.

I have never had a case of Bright's disease until it was far advanced, and my treatment—the treatment of the books—has had no saving power. Hereafter I will forget all popular remedies, and forget the ridiculous name of the disease; I will inquire of the patient how his present condition differs from his healthy state, will examine his urine, and, should I find much albumen, I will believe, with Dr. Tyson, that inflammation, of some grade, is present in the kidneys.

I have had a good many cases of uræmic convulsions—so called—in women, just before labor, during labor, or soon after delivery. Some had been greatly anasarcous, some not at all. More than twenty years ago I reported eight cases, which were all that had occurred in my practice, in nearly two thousand four hundred cases of labor. *Every one of them was freely bled, and every one recovered.* In one of these cases the urine was almost like dark blood during labor, and had been so for days before. She was, too, almost blind, but would not yield to being bled, till, when the convulsion occurred, she could no longer resist. Now, if these cases were caused by retained urea, the result of disease or inaction of the kidneys, and were saved from death by bleeding, may we not resort to it in Bright's disease? That is what I shall do, and follow it by Prof. Tyson's adjuvants. If they should then fail, what next? Before we knew anything of Bright's disease we often met with the same disease, but when the anasarca was added to the other symptoms it was generally regarded as a "liver complaint," and there was a resort to calomel as a purgative, and, after it had acted well, it was followed by small doses of the same, with squill and nitrate of potassa, until ptyalism occurred, and then there was often marked improvement; and by keeping up the ptyalism moderately, by the use of the medicine now and then, cures were often effected. We knew nothing about albumen in the urine, or, if we had heard of it, did not regard it—as it is now regarded—as an evidence of an incurable disease. Many physicians are quite alarmed to see albumen in the urine, and are inclined to really give up the case as a serious case of Bright's disease, and yet we are told that there are several kinds, some more curable than others. I think our treatment years ago, when we did not regard the condition of the urine, but allayed irritation or inflammation of the system wherever it appeared, was more successful than the present treatment. Allow me to report the case of a neighbor, which has occupied great part of three years:

A farmer, 46 years of age, complained for several months of ailments not uncommon in the beginning of Bright's disease, and finally sent for a physician, who, finding his urine to be very albuminous, put him under the use of the various medicines recommended in that affection. Months passed; the limbs began to swell, the anasarca was over the whole body, the legs, shining and red to the knee, were freely punctured, the privates were swollen enormously, he was unable to lie in bed all night, but was compelled to sit up. All the usual remedies of the day were applied, but with only the effect of temporary relief at times, to be followed by aggravation of the symptoms. I had seen him often with his physician, and we faithfully tried the various vaunted remedies, but then, when he was in this deplorable condition, I remembered case upon case seen forty or fifty years ago, much like this, and I spoke to my *young* friend—the physician of twenty years' practice—about them, and proposed that we try the old plan. We had no hope from our present course, no friend of his had the least idea that he would ever recover, so we began to give in pills one grain of calomel, one of digitalis, and one of squill, three times a day, morphia and chloral, one or both, at night, to relieve oppression and induce sleep. Day

after day we went on for two weeks, before the breath announced that the system was affected by the calomel, and all this time there had been no perceptible change save an increase in quantity of urine. But then all the symptoms showed an amelioration. Soon the amount of urine was greatly increased, the oppression rapidly relieved, the swelling of every part of the body gradually lessened. The medicine was then used or omitted as seemed indicated. The object was to keep the system moderately under the influence of the mercury (what an awful word!), but not to push it to heavy salivation (another awful word!). From that time, every day showed an improvement—a rapid improvement—in the symptoms. He ate well, slept well without morphine or chloral, and for the past twelve months has been a well man.

Now, *that* is just what I will do for the first advanced case of Bright's disease that may come under my care.

Conshohocken, Montgomery Co., Pa.

REPORT ON HYGIENE AND TOXICOLOGY.

BUTTER-SUBSTITUTES.

PUBLIC interest has been directed very much lately to food-adulteration, and especially to the sale of butter-substitutes and adulterated butter. Chemical analysis has not, as a rule, been very satisfactory in its application to the detection of the frauds. It is stated on good authority that, some years ago, the English government chemists passed as genuine a sample of butter which the vender afterwards acknowledged as fraudulent. Various general tests, such as the crystalline appearance, have been from time to time proposed, but the ingenuity of manufacturers has generally been sufficient to overcome these conditions and thus elude detection. More has been learned by the acknowledgments of manufacturers and dealers than by the investigations of experts, and there can now be no reasonable doubt that a large proportion of the articles sold as butter in the market are composed entirely or partly of other fats. The price paid for the substance and the business reputation are no guide. In one case that recently came to my knowledge, a family in this city were paying fifty-five cents a pound, under the impression that they were getting pure butter direct from a dairy; but on analysis the article was found to be very largely colored lard. It did not seem to contain any butter.

The attempt to prevent fraud by compelling the dealers to place the names oleomargarine, suene, etc., on the tubs or packages is practically a failure. The name is usually put in some out-of-the-way place or printed in a circle or in fancy characters, so that it cannot be easily read.

It is fortunate that these articles are not injurious. They differ from true butter only in minor particulars, principally in not containing some of the compounds of the more volatile fat-acids. There is no evidence that these substances are essential ingredients, and consequently their absence cannot be a serious matter.

Some little sensation has recently been made by the statement that nitric acid is used in some of the manufacturing operations with these articles, but no reason can exist for any alarm on this point. Even very small amounts of this body would at once be indicated by the taste. It is evident that if this acid is employed in the manufacture, it is entirely removed before the article is exposed for sale.

The entire question is a commercial and not a sanitary one. When butter-substitutes are sold for butter, the consumer is cheated, but his health is not injured. To prohibit absolutely the manufacture of these articles would be to destroy an ingenious industry which is capable of giving to the poorer classes a good article of food. Legislation is only required to insure an honest sale of the substances.

TOXIC EFFECT OF ALCOHOL.

Dujardin-Beaumetz, at a recent meeting of the Paris Academy of Medicine, presented some notes on the toxic action of alcohol. The doses administered varied from one to two parts per thousand of the weight of the animal. Intense congestion of the intestinal mucous membrane was produced. Drunkenness was manifested by a strong tendency to sleep, trembling and feebleness in the limbs. The exact manner in which alcohol is disposed of in the economy is difficult to make out. Dujardin-Beaumetz thinks that the result differs with the amount taken. When taken in very small doses it is transformed into acetic acid and combines with the basic substances in the blood; in larger doses the acetic acid is formed in the lungs by oxidation; in still larger doses it takes

oxygen from the blood-corpuscles as well as the lungs.

HONEY-ADULTERATIONS.

Otto Huebner, a well-known English authority on food-adulteration, has been giving some attention to honey-adulteration. He finds that, as might be expected, adulteration is practised, glucose being used sometimes in a not very pure condition.

USE OF NICKEL-PLATED CULINARY VESSELS.

Birnbaum (*Dingel. Polyt. J.*, 249, page 515) records some observations as to the effect of organic acids (such as would occur in food) on culinary vessels made of nickel-plated iron, which have recently been brought into market. Some experiments by a former observer are recorded as favorable to the use of these vessels, but Birnbaum found that under certain conditions considerable metal is dissolved, so that the nickel coating, which is thin, will be somewhat eaten through. It has not yet been decided how intense is the toxic action of nickel, but it seems that such vessels should be used with caution, and especially not employed for the preparation of hot or acid foods, or used for keeping food for any considerable time.

H. L.

TRANSLATIONS.

ANTISEPTIC INTRAVENOUS MEDICATION.—M. Van der Heyden recently reported to the Society of Physicians at Batavia his results obtained by the treatment of certain infectious diseases by the intravenous injection of iodine. His solution consisted of two parts of sodium iodide, one part of iodine, and seven parts of water. The amount injected was estimated at fifteen to twenty milligrammes of iodine to each kilogramme of body-weight. The patient was a Japanese. The injections were made into the median vein, at the bend of the elbow: the results were not very satisfactory or conclusive.—*Wiener Med. Wochenschrift*, 1884, No. 1.

M. Hoffman (*Archiv für Experimentelle Path. und Pharm.*), having made intravenous injections of quinine hydrochlorate, under most careful antiseptic precautions, reports cases which demonstrate the value of this method as an efficient antipyretic, when carefully followed, in cases where immediate results are required. It was employed in cases of typhoid fever, erysipelas, pyæmia, pneumonia, and pulmonary phthisis, but the effects were scarcely so superior to those obtained by ordinary methods of administration as to warrant the additional risks of phlebitis, gangrene, or embolism.

HYPODERMIC USE OF KAIRINE AS AN ANTIPYRETIC.—Dr. Queirolo (*Gazz. degli Ospitali*, No. 101) undertook a series of observations to determine the effects of kairine when given hypodermically. He found that injections of from ten to fifty centigrammes produced neither general nor local troubles. Perspiration was sometimes checked, sometimes not. Reduction of the temperature, however, was occasioned, the fall commencing rapidly, attaining its maximum in two hours, and gradually disappearing at the end of five hours. Pulse diminished with the temperature. He concludes:

1. Kairine by hypodermic injection produces a lowering of the temperature more rapid, more enduring, and more marked than when taken by the mouth.

2. In order to produce this fall in temperature, the hypodermic method does not require such large or such frequent doses as by the ordinary methods.

3. The hypodermic injection of kairine is exempt from all inconveniences and all local accidents. Kairine is soluble in warm water, and may be given in doses of from one to fifteen grains (.06 to 1 g.) *Bull. Générale de Thérapeutique*, March 30.

APPARATUS FOR LIFTING PATIENTS FROM THE BED.—In the *Centralblatt für Chirurgie* (No. 14), Dr. Hase, of Hanover, publishes an account of an apparatus which is apparently efficient, durable, and easy of operation. It consists of an iron frame, two uprights, and a transverse; from the horizontal piece depends a movable horizontal bar, which is elevated or lowered by a cord at each end, which, after passing over pulleys, are wound up by a winch at the head of the bed. The patient's body is sustained by four broad bands, which are attached by curved steel rods to the horizontal bar; there is also a small padded one under the patient's neck. For convenience, efficiency, and comfort, this apparatus seems especially commendable.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, MAY 3, 1884.

EDITORIAL.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

EVERYTHING indicates that the Thirty-fifth Annual Meeting of the American Medical Association, which will convene in Washington next Tuesday, will be both large and interesting. The announcements made by officers of several of the Sections promise that the scientific part of the proceedings will be more than usually valuable, while there are many indications that the administrative portion will contribute not a little to the importance of the session.

Among the subjects which will come up for discussion will doubtless be the incorporation of the Association, in order to give it a legal existence. This step is almost rendered a necessity by the enterprise undertaken last year of the publication of the proceedings in the form of a weekly journal. It is unreasonable to expect that the gentlemen composing the board of trustees will be willing to continue individually responsible for pecuniary obligations which may be incurred on behalf of the Journal, and personally liable in suits for damages in case of reflections upon the character of any one which might by inadvertence appear in its columns. Nor can the trustees be expected to advance money to keep the Journal going, should the funds in the hands of the treasurer run short. It would seem, therefore, essential that the Association be incorporated by act of Congress at as early a date as possible, in order that it may be able to make contracts and assume its own obligations.

It is generally understood that the annual income is not sufficient to pay the expenses of the Journal of the Association in its present form, although both the editor and permanent secretary have given their services gratuitously during the past year. Under such circumstances, the trustees will probably advise some change in the management of the Journal, as it is unjust to ask these officers to give their time and labor to the Association without any compensation whatever. We would suggest that, if published in the form of a monthly bulletin of State medicine and medical jurisprudence, the organ of the Association would cost less money, and, at the same time, it would occupy a field for which it is particularly adapted. In such a shape it might serve a useful purpose and be of real value to the profession.

This meeting would also afford a fitting opportunity to appoint a committee to report at the next meeting upon the membership of the Association and its methods of administration. There is a growing conviction in the minds of many of its members that some changes might be made with advantage. In the first place, the membership should be made more general,—at least, all the members of State medical societies should be made active members of the National Association; the absurd restriction (which, by the way, is always disregarded except upon a call of the yeas and nays) prohibiting permanent members from voting should be abolished; the time for discrimination between new and old members has ceased, if it ever had any real cause for existence. This change should have been made at the time when the right of sending delegates was taken away from the colleges.

Another change which would be beneficial would be to improve the *personnel* of the several Sections; every member upon registering should indicate which Section he desires to be a member of: such an arrangement would not prevent his

visiting other Sections, but it would have the decided advantage of giving each Section a regular membership, which could decide questions referred to it, and *which could elect its own officers for the succeeding meeting*. The method now prevailing of the practical appointment of the officers of Sections by the Nominating Committee is unsatisfactory, and is a power which has been abused.

A committee, we hope, will be appointed at this meeting, consisting of distinguished members of the profession who are not connected at present with medical teaching, which shall present a report at the next meeting upon Medical Education in the United States, and what steps, if any, this Association should take in relation thereto, taking for its model the report of the committee of 1848, contained in the second volume of the Transactions of the Association.

Although the American Medical Association is in some respects open to criticism, and has not succeeded in accomplishing all the reforms that were considered so desirable when it was organized, yet, as stated by Dr. J. L. Atlee in his Presidential address, if it had done nothing more than to create an *esprit de corps* and the present kindly relations among the members of the profession, it would have more than justified its own existence and given a good reason for its continuance.

ON THE ETIOLOGICAL RELATIONS OF ZYMOTIC DISEASES.

IN a lecture recently delivered by Dr. De Gorrequer Griffith, of London, on "the unity of poison in diseases usually considered to be separate and entirely distinct, and of many diseases seemingly all different, from one unity of common origin," the view is expressed that specific differences in diseases are not entirely explained by their causes. Cases are cited in illustration, where diphtheria and scarlatina were associated, the diphtheria appearing as a sequel or complication of the scarlatina, and spreading among a certain number of persons as diphtheria, then to be transformed into some other disease, or reappear as scarlatina; or, perhaps, leap forward and cause to be evoluted, in a certain number of cases, very ulterior sequelæ of scarlatina, such as rheumatism, or heart and pericardial affections, or, it may be, nephritis (the scarlatinal form), without any intermediate symptoms being noticed, or any pre-existing warnings being detected, or such, indeed, having been either noticeable or detectable. Such a form of nephritis, in turn, might prove infective, inasmuch as it would have the power to set up scarlatina, or diphtheria, or any other ailment or group of symptoms coming within the range of its infectivity. In this way new sets of symptoms may be evolved, new outward manifestations of the inward workings or evolution, —a new disease, in fact, as would be said in current medical phraseology. In support of this position Dr. Griffith quotes the Bradshawe Lecture of Sir James Paget, and his and Sir William Gull's addresses on "Collective Investigation of Disease." It must not be inferred, however, that the poison must be always the same, but that the one *origo mali*, whatever it might be, may originate several poisons giving rise to so-called different affections, under different conditions.

The germ theory of disease depends for its foundation upon the hypothesis that each zymotic disease, and some which have not hitherto been included in this category, are due to the introduction into the system of peculiar living micro-organisms, which, by their development, give rise to certain mechanical and chemical effects, which are regarded as the sole and efficient causes of the groups of symptoms and tissue-changes constituting the particular general or local communicable disease, and the myriads of contagious elements

produced during its progress are regarded as lineal descendants of those which initiated the morbid symptoms. Under such circumstances, the study of the development of the microbe becomes all-important. If further investigation shall succeed in showing that there is no generic difference between the micro-organisms appearing in the course of one disease and others found in the second, but of a different kind, and that they are all specifically related, and may arise indifferently from the same source under changed conditions, then the germ theory will have to be abandoned; for the many observations upon the presence of micro-organisms in diseases establish nothing beyond their coexistence, and do not demonstrate a relation of cause and effect. The constant presence of microbes in the mouth and intestinal tract in health suggests the question as to their possible connection with similar organisms found in diseased conditions. Dr. Miller, of Berlin,* has made some experiments upon fermentation in the human mouth, and its relation to caries in the teeth, that are very interesting. He found, in his cultures, that the microscope revealed the constant presence of a fungus, chiefly in the form of diplococci, either single or in chains, less often in form of bacteria, bacilli, or even threads. Sometimes all these forms are found on a single thread. He states that "the particular form in which the fungus occurs depends somewhat upon the culture-medium, as well as upon the age of the culture." This confirms the statement of Bastian, that the rapidity of growth affects not only the size but the form of bacteria. The experiments of Zweifel, made a year ago, appeared to demonstrate conclusively (1) the existence in normal blood of spores; (2) the possibility, by deprivation of oxygen, of the development of these spores into bacilli; (3) the production of septic poisoning by these bacilli when injected into the peritoneal cavity of animals. The more recent culture-experiments of Pasteur with the micrococcus of chicken-cholera seem finally to establish the fact that specific virulence is an accidental or acquired property, since, by cultivation, micro-organisms can be obtained which are not noxious or infective. The question remains to be decided from whence this power of specific infection is derived, and what are the conditions governing its development and mode of communication. The evidence that bacteria are the active and sole agents in the causation of disease is, to say the least, still imperfect.

* Quoted in the *Independent Practitioner*.

RESIGNATION OF PROFESSOR ALFRED STILLÉ.

IN his farewell address to his students, delivered April 10, Prof. Stillé, looking back over his twenty years' professorial life for inspiration, recalled the principles which had governed his whole course of life and methods of teaching. With a master-hand he indicated the shoals and quicksands that beset the path of medical science, and proclaimed his reliance upon clinical experience as the only safe guide for the student of medicine. He reminded his hearers of the great truth that medical art has a far higher range and aim than the prescription of drugs, or even of food and hygienic means, and that when neither of these avails to ward off the fatal ending, it is still no small portion of the physician's art to rid his patient's path of thorns, if he cannot make it bloom with roses. With regard to medical education, the orator alluded to adequate preparation as essential for the study of medicine, and insisted upon the necessity of a preliminary examination. He also urged the need of a broad education and higher attainments by medical men. He claimed that the art of medicine is founded upon experience alone, and that art must ever precede science as the normal method of develop-

ment. To win success in life, he said, only two things are essential: to live uprightly, and be wisely industrious. He also spoke some earnest words in defence of a Code of medical ethics, and, in conclusion, bade those who heard him to love mankind, to love their profession, and above all to love truth.

We regret not being able to republish this thoughtful address in full. A contribution such as this, from a master of our art, a consummate practitioner, an experienced teacher, and a writer distinguished for erudition, soundness of judgment, and elegance of style, is a most noteworthy event and one that claims serious attention.

This farewell address is an ending worthy of the whole course of the teacher. With the words of this eminent man still in our ears, we ask, Who is there among us all who is worthy to take up the work which he has, after years of faithful service, just laid down? We can only pray that he upon whom his mantle may fall may have a double share of his spirit. Although his voice may be heard from the rostrum no more, and his accustomed place be empty, yet his teachings will not be forgotten: in the noble words of Tacitus, "*Non hoc supremum munus amicorum est, prosequi defunctum ignavi fletu, sed, quæ voluerit, meminisse; quæ mandaverit exsequi.*"

NOTES FROM SPECIAL CORRESPONDENTS.

LONDON.

IN the spring certain lectures are delivered before the Royal College of Physicians of London, and this year the lecturers are an unusually strong team. The Gulstonian Lectures were delivered by Dr. Clifford Allbutt, of Leeds, who chose for his topic "Neuroses of the Viscera;" the Croonian Lectures, by Dr. Hughlings Jackson, who selected for his theme "The Evolution and Dissolution of the Nervous System;" while the Lumleian Lectures fell to Dr. James Andrew, who adopted for his subject "The Etiology of Phthisis." Each man had something to say worth hearing, beyond doubt. Dr. Allbutt's lectures best admit of being abstracted, and are interesting as the outcomes of a mind strongly inclined to think for itself and to proceed along its own lines. He thinks neuroses above the belt are far more clearly understood than those below, consequently he kept clearly below the belt. It appears that in his note-book but a small space is filled by "dyspepsia," a fact which strikes himself. "The cases of dyspepsia are a mere handful; 'martyrs to dyspepsia' are to be found," he admits, "at every street-corner, and are said to form something little less than the staple of those who drift from consultant to consultant." So they are; and, considering how little good they get from many consultants, they may well form a nomadic race, going about hoping to get some help somewhere. He has had his share of these sufferers; and it appears he is pitiful over the stomach, "that long-suffering organ, and its work,—of the greediness or recklessness which make it the receptacle of all sorts of rubbish." Then he turns to the journals of the day, and reads of talented men palsied by dyspepsia. He finds "every large drug-store has its pepsins, its dinner-pills, its cordial-bitters, testifying not only to the general but to the medical cry for help against the demon of dyspepsia." Yet, he asks, "how are we to explain this catholic wailing over a disease which is not? this wealth of balsams for sufferings which cannot be named?" He adds, "It is almost trivial to remark that dyspepsia, strictly speaking, is not a disease, but a symptom; it names not the the causes nor the processes of the evil, but its consequences; that, as an outcome of the affair, whatever it may be, food is not digested, or is digested imperfectly or painfully. Taken in this sense, no doubt dyspepsia is an exceedingly common complaint." It is like lameness, which may depend on a multitude of causes, but, as he shrewdly remarks, we would scarcely speak of a person when lame as suffering from "dyskinesis." He proposes to divide dyspeptics into four chief groups. "First, those which are due to grave disease of the stomach itself, such as cancer or ulcer of the organ, dilatations of it, atrophy of its coats, etc.; secondly, to diseases of the stomach less grave, but still local, such as the simpler catarrhs, acute and chronic gastritis; thirdly, disorders which depend upon no visible change in the structure of the stomach [now, surely the illustrious lecturer does not wish us to understand that he examines the stomach with the eye by means of an endoscope?], but consist in some disorder of its work or secretions, and which, in accordance with a convenient use of the word, we call functional: the dyspepsia of gout may perhaps be taken as an instance of this group; fourthly, disorders which depend not upon any pri-

mary derangement of the tissues of the stomach, but upon some influence coming from blood or nerve, from which visible local changes may or may not ensue." He thinks a great many disorders of the stomach may be neurosal, and not strictly gastric affections. In other words, persons of the neurosal temperament are liable to gastric disturbances; a matter on which there can be no doubt in any mind. That some acute exciting cause may set up the malady he no more denies; that "the touch of a bronchial attack, or of an acute pneumonia, may first reveal an asthma till that moment wholly latent,—latent it may be till middle or even after life, or latent, like the unwept tear, forever. But the sleeping ill, once awakened, rarely recedes again altogether, but, by its own recurrence, tends to rivet upon the sufferer the chains of habit." He then alluded to disorders of digestion dependent upon general nervous exhaustion. Maybe the whole man is run down, and the stomach shares in the general atony. And with this he contrasts the case where the look is that of depression, the complexion muddy, the urine charged with lithates, while the patient "is weary and dull and says he feels like a dead dog of a morning." He then comments, "Why, of the two overworked men, nervous exhaustion should produce in one a simple atony of the stomach, and in the other an aberrancy, I cannot say. I suspect that the latter man has in himself some echo of gout: but yet I know how disappointing are all attempts to clean his tongue and set his stomach aright with the stock rhubarb and soda mixtures, with pepsins, with calomel, colocynth, or colchicum, and how that even strong tonics, such as quinine and iron, may be prescribed with benefit; and how rest and upland air will beat all medicines whatever and will clean the tongue in a fortnight. Dyspepsia here is a symptom, and the stomach is disordered; but radically the state is a neurosis,—vascular or other,—and curable only on this understanding." Sensible talk, this. Then he refers to uterine neuroses, and comes down on gynæcologists rather severely. He thinks that "men and women are variously organized in respect to resistance to pain, and their fortitude or despair must be tested, not by their cries, but by the other features of their character," and "women, speaking generally, feel pain more than men do: patient as they are, they seem to have less reserve of force and less resistance, more susceptibility and resentment, less capacity." And here again I think our general experience is with him. As regards uterine neuroses, "a neuralgic woman seems thus to be peculiarly unfortunate. However bitter and repeated may be her visceral neuralgias, she is either told she is hysterical, or that it is all uterus. In the first case, she is comparatively fortunate, for she is only slighted; in the second case, she is entangled in the net of the gynæcologist, who finds her uterus, like her nose, is a little on one side; or, again, like that organ, it is running a little, or it is as flabby as her biceps, so that the unhappy viscus is impaled on a stem, or perched upon a prop, or is painted with carbolic acid every week in the year, except during the long vacation, when the gynæcologist is grouse-shooting, or salmon-catching, or leading the fashion in the Upper Engadine. Her mind thus fastened to a more or less nasty mystery becomes newly apprehensive and physically introspective, and the morbid chains are riveted more strongly than ever. Arraign the uterus, and you fix in the woman the arrow of hypochondria, it may be, for life." He then "goes for" the gynæcologists again, hinting their "ignorance of neuropathics and of the neurotic diathesis," not forgetting to acknowledge that, after all, a debt is due to them. His attitude has given great offence among this section of the profession, and probably they felt the sting of his remark about their too exclusive attention to the uterus to the neglect of studying the diathesis. He goes on, "Take a hysterical person, man or woman, in its common and, so far, proper sense; take it to mean a person of feeble purpose, of limited reason, of foolish impulses, of wanton humors, of irregular or depraved appetites, of indefinite and inconsistent complaints, seeing things as they are not, often fat and lazy, always selfish; or, to take it in a less degree, one capricious, listless, wistful, attractive perhaps, yet having always the chief notes of hysteria,—selfishness and feebleness of purpose; and if such person complain of globus, of palpitation which is never perceived by the stethoscope, of sleeplessness of which the nurse has no record, of dyspepsia which does not lessen the labors of the cook, of pains which never flush the cheek, and if such person have, or have had, anæsthesia, unreal epilepsy, unreal palsy, unreal cramps, then set down such person as hysterical; but forget not, nevertheless, to cure her mind and body. Such a patient is, no doubt, a member, a degenerate member, of the neurotic family; but it is almost with indignation that I repudiate the application of her adjective to the nervous sufferer whom we may call the neuralgic member of that group. Why, gentlemen, my neurotic patients, if I can indicate them by a name, are almost the best people in the world."

The following sketch of a neurotic (built up from scores, he tells me) is so brilliant that I give it entire, without mutilation: "His entry into your room tells of him at once. He enters with a brisk step and a quick, observant eye. You see a slightly-built, meagre man, of sallow complexion, or, if colored, with the color painted high up on the cheek-

bone; the cheeks and the temples hollow, the temporal arteries being visible under the lean skin, which often shows tanned markings, deepened during attacks of pain; the hair is straight, fine, and sparse along the scalp; the features are sharp, often prominent; the lips thin, and the skin dry, with, it may be, some remnants of eczema about the ears or chin. The tongue is protruded and retired quickly, and is generally narrow and pointed; it is rarely indurated, and its tip, even when the health is best, does not cease to be red. There is often a light, silvery coating upon the dorsum and midline. The bodily frame is lightly and often finely built, the bony fingers and wrists and visible sinews and radials betraying the absence of fat. Here and there, in later life, a knotty knuckle may tell of gouty parentage. The pulse, when most tranquil, usually ranges between 70 and 80, and accelerates on the least excitement. The clavicles and ribs, in like manner, are prominent, and the heart's apex may be seen to beat sharply before the eye. The systole to the ear is likewise short and sharp, and the second sound very audible over a wide area. The limbs are small, but often very sinewy; such persons are as active as birds, and the absence of fat in their muscles often gives to them, in states of health, the quality of hardness under the hand. Their conversation, again, is lively and voluble, often keen and brilliant, but impressionable rather than imaginative. Usually such a patient does not readily come to you; he is brought half reluctantly by his wife or friend; he says, apologetically, he is an old dyspeptic and you can do him no good, he has visited all the springs and half the doctors in Europe, and he lays a bundle of old prescriptions upon your desk. Once agate, however, his story will be a long and minute one, but never maundering, wandering, nor whining. His companion will tell you that he is subject to great fluctuations of the animal spirits,—gay and fascinating in society, brisk, orderly, and thorough in business, but at home dejected and fretful. He is a small eater, a light sleeper, a worn worker. These persons are the heirs of every true neurosis, from insanity to toothache; and on the whole, when we consider the infinite perturbations of intermarriages, it is surprising how true they run, or how clearly you may detect the neurotic strain in mixed descendants. Of their visceral neuroses I shall speak hereafter, and would only say now that in both sexes of them migranic stomache-ache and windy colic are frequent and imminent and receive the name of dyspepsia; and in the women are added to these uterine and ovarian neuralgias and hyperæsthesias. To call these suffering women of the neurotic type hysterical, is to confuse all the due acceptance of names, and, what is worse still, to confuse the real relations of things. The neurotic woman is sensitive, zealous, managing, self-forgetful, wearing herself for others; the hysteric, whether languid or impulsive, is purposeless, introspective, and selfish. In the one is defect of endurance, but in the other defect of the higher gifts and dominion of mind." Dr. Allbutt here draws a clear, distinct line between neurotics, for whom he has clearly a kindly feeling, and the hysterics, whom he as clearly dislikes. It is a distinction which clearly ought to be more generally made, as it is most unfair to call a "neurotic" woman "hysterical." Further, upon such a correct distinction rests the line of treatment to be pursued.

Another matter about Dr. Allbutt's lectures dear to me is the full recognition of the individual as compared to the mere recognition of the malady. There is "the patient" as well as "the disease." I have incurred odium by my persistent reiteration that in the present scheme of medical teaching the disease is everything and the individual little,—at least in the eyes of the physician and the gynæcologist, though the surgeon does discriminate between healthy persons and those of strumous diathesis. He proceeds to speak of special maladies in neurotics, saying, "Such changes or such settlements of perverted action are often, no doubt, called to this spot or the other by some local deviation from the normal, as consumption may take its beginning from some trivial or forgotten catarrh; but the essence of the malady is not there, and to try to cure such a malady by local means is as wise as to try to cure a syphilis by antiseptic dressing of its ulcers. Such subsidiary means are often needed, often, indeed, necessary, but in cases like those under discussion should be used as little as possible, because of the tendency of such methods to arouse and perpetuate a morbid possession of mind in the woman. All this our more robust, clear-sighted, and more upright gynæcologists know well enough; in the rest the fault may lie rather with modern fashion than with themselves. Looking only to the uterine organs, their reason bounded by the confines of the pelvis, they attempt to stem the tides of general and diathetic maladies with little Mrs. Partington mops of cotton-wool on the ends of little sticks. That many of the cases need a judicious combination of local with general treatment is true, but in most of them the patient and the doctor are fascinated by the local phenomena, while nature herself is performing on a far larger scale. If we are to cure the disease, we must be able to fly with her and to run with her as well as to creep with her. In my later chapters, I shall recall the truth which should be ever before us,—that the fundamental difficulty in all neurotics, not hysterics, is their nutrition. More fresh air, without expenditure of the slender store of strength; the permeation of their starved tissues with the

fat which they themselves so often loathe in their food,—these two reforms accomplished, all their organs will take on a more generous and more vigorous life, all their tissues will brace and cleanse themselves, from a purer and richer flow of blood, and force will be stored up and energy developed, where before all was dilapidation and sterility. As a shrewd old Yorkshire doctor once said to me, 'It's no use, my lad, putting the hands right upon the clock-face if you have not cleaned the works.' Gentlemen, we are all one-sided. I speak to-day from my own one-sidedness, and my convictions are upon the side of cleaning and repairing the clock."

Such, then, are the hard-headed conclusions which experience has driven into a robust mind. The lecturer, in concluding, gave a series of cases from his note-book illustrating what he had laid down as general propositions. In speaking of vomiting which is neurosal, he delivers himself as follows: "It is enough to make one's blood boil to hear of a poor girl, wasted to a shadow by such a distress, treated, almost with gibes, as hysterical, when she is the subject of a malady as real as the doctor's own toothache, which, in turn, might vanish, by the way, the moment he should find himself on the dentist's door-step." Such neurosal vomiting is often, he thinks, put down as gastric ulcer; and, further, he thinks such gastric neuroses common about the catamenial periods. He thinks there is the irritable stomach just as there is the irritable uterus and the irritable spine. Here there is anorexia nervosa, because pain follows food in the hyperæsthetic stomach. In one place gastralgia took the place of cranial neuralgia, and no stomach-remedies did any good, but the case got well on Easton's Syrup. He also is inclined to regard the peculiar enteric noises known as borborygmi as neurotic in origin. They are found where there is abdominal breathing. He concludes with references to enteralgia, or abdominal neuralgia, a form of pain often mistaken for totally different pains; they are distinguished by their rhythmic recurrence; —then to renal neuralgia, of which he gave some most interesting cases; and, finally, he insisted, "Although the basis of all therapeutics must be a clear diagnosis, yet, on the other hand, the most elaborate diagnoses are but laborious idleness if not made the means of cure."

There is a healthy tone about Dr. Allbutt's lectures which is most acceptable to me. The lectures are well worth perusal, and will, no doubt, soon be published in a separate form.

J. Milner Fothergill.

Dinner to Prof. Alfred Stillé.—It is proposed to give to Prof. Stillé a public dinner in honor of his retirement from his active duties of the chair of Practice of Medicine at the University of Pennsylvania.

BOSTON.

It is with a feeling of gratitude that the medical fraternity of our country will read of the bequest of the late Dr. Calvin Ellis to the Medical School of Harvard University,—this aid that he has left to us being the most fitting, *living*, useful monument of a life devoted to the higher standard of medical knowledge: this provision tending to make the School independent of the tuition of its students, and taking from it that competition and struggle for life that are so prejudicial to the advancement of any higher education. As residuary legatee it will receive a sum not far from one hundred and fifty thousand dollars, the income of which, deducting five per cent. (which is to be added to the principal), is to be used to pay the salary of a professor of pathological anatomy, provided that the income from this and all sources for that chair shall not exceed five thousand dollars. In case a part or the whole of it should not be needed for this purpose, it is to be applied, under the same restrictions, to pay the salary of the professor of physiology; and should this chair be provided for, then the salary of the professor of anatomy is to be paid from it. Should the income still be unexpended, it is to be used for such other purposes in the Medical School as the President and Fellows shall deem most useful. With Dr. Ellis's name the future successes of the School are ever to be associated. Nor is it alone here that the influence of this bequest will be felt; for others, both professional and non-professional, when they are considering where money is to do useful work, will emulate his example.

Another fitting memorial of past medical skill and a life full of devotion to the profession, his patients, and the poor, is the new ward at the Massachusetts General Hospital, named after Dr. George H. Gay, who was for so many years one of the surgeons of the hospital,—the Gay ward. The building, which is to be used for the out-patient department of the hospital, was given by a wealthy friend of Dr. Gay's, who considered that by such a testimonial to professional fidelity one could best show his appreciation of it. In plain view, then, of the old buildings of the hospital, where so many hours of professional life were spent, is this monument, which will be a source of help to the needy and a grateful tribute to a life well spent.

With its first annual report a new charity —The West End Nursery Society—has demonstrated its usefulness and right to appeal to the public for help. Its aims are—

1. The cure of disease or alleviation of suffering in children under two years of age.

2. The prevention of suffering and disease by teaching to mothers the proper care of infants, especially as regards artificial feeding.

The attending physicians are Dr. H. C. Haven and Dr. T. M. Rotch, experienced men

who are devoting their time to the care and cure of children ; under their supervision the Nursery has been found to fill a want long felt among us, for in no way could preventive medicine be better advanced than by following out the second of the objects of the Society. One would naturally ask why, in a city provided with a hospital exclusively for children, should such a charity be needed? As the Children's Hospital admits only those over two years of age, the surgical and medical care of infants is not provided for. A few well-disposed and charitable people, having been convinced of its usefulness, supported the experiment from its establishment in 1881; but, the expenses having increased with the demand for aid, and its charity trust fund proving inadequate, in order to continue its work it asks for the assistance of others.

Every one, realizing the great evils arising from the baby-farming system (which city government is unable to remedy), and knowing that this abuse is due not so much to wilful neglect as to ignorance in respect to the proper food and care that infants should receive, must wish well for such an enterprise and trust that its usefulness may not be checked from want of timely assistance. From the physicians' report we learn that the mortality has been 20.5 per cent. Now, when we consider that wet-nurses could not be afforded, and that the mortality is sixty to eighty per cent. among the same classes from whom the inmates of the Nursery come, the results can be considered very gratifying to those who have undertaken the work.

Fama is about, and this time it is a medical department for Tufts College (the Universalist college at Medford, four miles from the city). The school, if report is correct, is to be located in Boston, in order that clinical advantages may be furnished. One can hardly be pleased at the report, as the chances for a new school here are not of the best, and the demand for a cheaper course of instruction in our city is not felt to be a need, as well as the fact that the established schools are, as yet, able to accommodate those who may desire a medical education.

The results of the Tewksbury Investigation are felt in some of the courses at the Medical School, making it somewhat more difficult to obtain material for demonstration and practical work.

The emergency "craze" is in full force in our city. It seems to be quite the fashion, and during the winter and spring a number of courses have been given. The plan adopted has been to give enough pay-courses to defray the expense of free courses to the firemen and policemen. The police commissioners have become interested in the matter, and by their aid a sufficient number of men in each district have been induced to begin the course, and, once begun, their interest and evident benefit to themselves have made them good attendants and listeners throughout. The lectures in each course have been five in number, going over the usual ground, as recommended by Esmarch, —that is, something of the anatomy and physiology, especial reference being given to emergencies. Among the special topics considered are the early treatment of hemorrhage, wounds, sprains, and fractures, calling attention to the various extemporary means; what should be done in case of drowning or suffocation, treatment of burns, scalds, frost-bites, poison-bites, methods of transportation, triangular bandaging as being both sufficient and always at hand, first aid to those suffering from shock or collapse and heat-stroke, to those stunned, to the apoplectic, inebriated, epileptic, and fainting or suffering from the action of poison.

That the course will show practical good cannot be doubted, when we all know how often injudicious aid has been given,—a case recently occurring where a simple fracture of the leg was changed to a compound, due to lack of a little knowledge of what a fracture was and how it could be temporarily prepared for transportation so as not to increase the dangers of the accident. Then there is much to be said as to what should not be done. Some physicians complain that a man is giving away gratis the knowledge of the profession ; but such, it seems to me, is not the case. For, after listening to a course of lectures on the subject, they, for the most part, are convinced of the advantage of early assistance of skilled hands, and, knowing enough not to complicate matters by attempting what they cannot do, are contented to await the arrival of the physician. There is as much advantage in correcting false notions as to the treatment of injuries (as that cobwebs, styptics, etc., are not only uncalled for in the treatment of wounds, but that they actually do harm) as there is in the instruction of the proper aid that may be given.

It is with deep feelings of sympathy that the profession throughout the country will learn of the sad necessity that has come upon Dr. Whittemore, who for several years has been superintendent of the Massachusetts General Hospital. Some time ago, an ulcer was caused in the palm of his right hand, supposed, at the time, to be due to blood-poisoning. This gradually increased, although the most approved methods of treatment were tried for relief and cure. Soon ulcers also appeared on the index and middle fingers of the left hand. These, also, were equally unaffected by treatment. After having consulted home authority, Dr. W., early in the winter, went to Europe for advice, with the same result, that there was no hope to be held out from any line of treatment,—the opinion being that the ulcers were of the nature of epithelioma of the skin. Having returned home without hope, except from oper-

ation, the conclusion arrived at was that amputation of the right hand and the two fingers of the left hand was necessary. This was done early this week by Dr. R. M. Hodges, at the hospital. Since the operation his condition has been quite comfortable.

The hospital staff is changed somewhat, Drs. E. N. Whittier and W. L. Richardson joining the corps of visiting physicians, filling the vacancies made by the death of Dr. Calvin Ellis and the resignation of Dr. Shaw.

At the City Hospital a change is contemplated. Dr. William Ingalls, for so many years one of the visiting surgeons at the hospital, is expected to resign, his place to be taken by Dr. William P. Bolles, the senior surgeon to the out-patient department.

FELIX.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, MARCH 13, 1884.

The PRESIDENT, Dr. TYSON, in the chair.

DR. J. H. MUSSER presented a series of specimens illustrative of hepatic pathology. (This paper will be shortly published in another form.)

Dr. C. B. NANCREDE presented a penknife-blade, with the portion of bone transfixed by it, removed from the cranium of a boy aged 19 years, where it had remained undiscovered for over six weeks. Owing to later developments, the history of this specimen is also, for the present, withheld from publication.

THURSDAY EVENING, MARCH 27, 1884.

VICE-PRESIDENT E. O. SHAKESPEARE in the chair.

Case of epithelioma of the stomach and colon, presenting singular difficulty of diagnosis. Presented by Dr. J. H. PACKARD.

Dr. PACKARD stated that this case was placed at his disposal for report by Dr. H. M. Fisher, in whose wards at the Episcopal Hospital the man had been. Alexander R., æt. 49, single, was admitted July 9, 1883. He had for about four months been unable to follow his occupation, that of a wagon-driver. No history of syphilis; none of his family are known to have had cancer. His first symptom was discomfort after eating; later he had loss of appetite and pain in the stomach. Two months afterwards he felt a hard, tender mass in his belly, on the right of the umbilicus. On admission, the tumor seemed about the size of an orange, and was found to be on the left of the umbilicus. It was not very painful, but it annoyed him. He was much emaciated, and in a cachectic state; his bowels were obstinately confined. Under treatment his condition improved, and he gained notably in appetite and strength. Subsequently a change for the worse took place, the tumor became more painful, he lost flesh and strength, and his appetite failed. As the tumor seemed to be entirely movable, it was decided that an attempt should be made to relieve him of it, and he was transferred to the surgical ward, under Dr. Packard. October 11, 1883, after consultation, an incision was made over the tumor, in a vertical direction, and the tissues carefully divided until the abdominal wall proper was reached, when it became clear that there was firm adhesion between this and the new growth for a space of several inches in every direction. The operation was therefore abandoned, and the wound closed. Healing took place by the first intention, and the man even thought himself to have been benefited, although this was clearly imagination on his part. Emaciation steadily increased, and towards the middle of November the stomach became unable to retain food. From this time the symptoms progressed until death occurred, December 29.

Upon post-mortem examination, it was found that there was an epithelioma of the pylorus, which had become adherent to the transverse colon, and the disease propagated to that structure, a communication taking place between the two cavities. Subsequently, by a local peritonitis, the affected parts had contracted adhesions to the parietal peritoneum at the point to which they had been displaced. The mechanism of this displacement does not seem to clearly appear.

Malignant disease of the peritoneum and abdominal viscera. Presented by Dr. JOHN B. ROBERTS for Dr. V. HORNET, with an abstract of the latter's notes.

The patient, a woman of about 58 years, had, four years previous to death, an attack of what was supposed to be gastro-enteritis of malarial origin. From this she never perfectly rallied, but had four or five intestinal hemorrhages at varying intervals. The last one occurred a few weeks before death. Recently she rapidly lost strength and became emaciated. When seen by Dr. Hornet, some time in December, 1883, she had a tense tympanitic abdomen, and complained of a sense of tension. Constipation, jaundice, flushed cheeks, pulse 100–110, normal temperature, tendency to nausea, and dyspnœa were the chief symptoms.

Ten days before death the thermometer in the rectum marked 106°, but stood, says Dr. Hornet, below normal in the axilla and under the tongue. Small nodules could be felt through the belly-wall, which was less tympanitic than formerly. Death occurred suddenly while at stool.

Autopsy showed nothing important in the chest. The omentum and mesentery were studded with multitudes of tumors varying in size from that of a currant to that of a hen's

ERGOT.—Of the physiological properties or therapeutical applications of ergot it has long been unnecessary further to speak. No drug has been more systematically studied by chemist or physiologist, and there is none whose exact place has been more definitely fixed in the medical practitioner's materia medica. Until within very recent date the pharmacy of the drug was, however, strangely neglected. Ergot is peculiarly a drug whose medicinal activity is affected by conditions of climate, soil, season of gathering, and the various contingencies liable to interfere with the successful gathering, drying, etc., of the crude material. It is well known that the chemical constituents on which its virtue depends are liable to extreme variations with the conditions indicated. Notwithstanding this fact, however, the pharmacist continued to manufacture the usual Galenical preparations after the usual formulæ. The consequence was that the activity of these preparations was liable to variation from year to year, and few practitioners but have been disappointed in results confidently looked for, through this cause. With a view to remedying this great evil, especially great through the liability of the failure of the preparation at times when the life of a patient depends on its prompt action, we several years ago succeeded, after the necessary scientific experimentation, in giving to the profession a constant preparation, under the name of Liquor Ergotæ Purificatus. This preparation was made to conform at all times to a fixed standard, and contained an unvarying percentage of those chemical principles on which physiological study has demonstrated the oxytocic properties of the drug to depend. The drug is also known to contain certain principles of a more or less poisonous nature. These were carefully eliminated from the finished preparation. The success of this venture at a preparation of ergot which should be scientifically correct, encouraged us to make similar preparations of vegetable drugs, to which we, for convenience, gave the generic name of "Normal Liquids," and the name of our Liquor Ergotæ Purificatus was made to conform to this nomenclature. We, therefore, now place it on the market as

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This New Tænifuge, the Active Alkaloid of Pomegranate Bark, has of late come into extensive use in France for the treatment of Tape-Worm (Tænia Solium). The results of numerous experiments with it at the Marine Hospitals of Toulon, St. Mandrier, etc., and in the Hospitals of Paris, St. Antoine, La Charité, Necker, Beaujon, etc., have all been most satisfactory. Dr. Dujardin-Beaumetz, Member of the Academy of Medicine, and Prof. Laboulbène, in their report to the Society of Therapeutics, have given it their unqualified approval after the most searching experiments. This preparation is pleasant to administer, and if certain preliminaries are observed success will be insured. Sold only in bottles containing one dose.

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This is a well-defined alkaloid that must not be confounded with Ergotine or other extracts. It is given in doses of from ¼ to ½ milligramme (1-240th to 1-120th of a grain) in all cases where Ergot is indicated, viz., Flooding, Post-Partum Hemorrhages, Metrorrhagia, etc., etc. It is put up in the following forms:

Syrup, containing ¼ milligramme to each teaspoonful; DOSE, from 1 to 6 teaspoonfuls per day.

Solution, for hypodermic purposes, containing 1 milligramme to each cubic centimetre; DOSE, from 3 to 10 drops.

The Institute of France has awarded one of its prizes to Mr. Chas. Tanret for the discovery of these alkaloids.

Tanret's Pelletierine and Ergotinine are only prepared by Mr. Chas. Tanret, Laureate of the Institute of France, 64 Rue du Rempart, Paris.

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DRAGÉES, ELIXIR, AND SYRUP OF IRON.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragées, Elixir, and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compte-Globules.*

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Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the *Dragées;* it is especially adapted to weak persons whose digestive functions need strengthening or stimulating.

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A sample of *Rabuteau's Dragées* will be sent free to any physician mentioning THE PHILADELPHIA MEDICAL TIMES.

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egg. These were of globular form, firm in consistence, and on section showed a central hemorrhagic clot. The parietal peritoneum was studded with a few small ones, as was the surface of the liver. Dr. Hornet further says that he found in one part of the intestine an ulceration of the mucous membrane corresponding to an external tumor, and a tumor on each side of the rectum, high up. In one place he found a cyst with yellowish serous contents on the surface of a tumor. Most of the nodules were of a pale pink color; one noticed, however, was nearly black. I present a portion of the intestine and mesentery and a piece of the liver, with one of the secondary growths there found.

Malignant disease of the testicle tapped for hydrocele. Presented by JOHN B. ROBERTS, M.D.

This case is clinically interesting, because it resembled a hydrocele, and misled me, as well as another surgeon who had previously seen it. When the man came to me, I found a large oval swelling of left side of scrotum, which he gave me to understand had existed for two years. The tumor for six or eight inches long in the vertical direction had a sharply-defined upper limit, as does hydrocele of the vaginal tunic, and was indistinctly elastic, as is a tense hydrocele. The veins on the surface, however, were well marked, and it looked at the lower part a little as if the subcutaneous tissue was about to suppurate. It was this which gave rise to the pain that induced him to seek medical advice at this time, for he had previously postponed having another surgeon draw off the yellow water which he had been told was in it. I did not try to transmit light through the supposed hydrocele, because it is very often a fallacious test: at least absence of light-transmission does not negative the existence of hydrocele. I accordingly thrust a trocar into it, and drew about six fluidounces of pure coagulable blood through the canula. Reinserting the trocar, I pushed it in various directions, but met only solid tissue, and no blood, except when it was pushed in the direction originally taken. Then blood flowed in a quite free stream.

No marked reaction followed, but the pain and tendency to suppuration were removed.

Two weeks later I removed the mass by enucleation, and found the solid tumor here presented, which is the enlarged and infiltrated testicle. The patient now says that fifteen years ago, when about 18 years old, the testicle or scrotum first began to grow larger. He is rapidly convalescing.

Rupture of one of the aortic valves during severe muscular strain. Presented by MORRIS J. LEWIS, M.D.

F. L., æt. 40, laborer, married, was admitted into the Episcopal Hospital February 21, 1884.

His family history was good, and his own health, previous to his present indisposition, excellent. He denied ever having had syphilis or rheumatism.

His work compelled him to handle very heavy casks, and he had the reputation among his fellow-workmen of being a particularly strong man, he being able to lift, unaided, five hundred pounds. Three weeks before admission he was subjected to heavy strains in lifting, and, although no history of sudden cardiac pain or palpitation could be elicited, he did admit feeling a sense of tightness across his chest and some dyspnœa after his day's work. These symptoms gradually increased, and cough, accompanied by bronchitic expectoration, soon made its appearance. On admission, the patient presented all the appearances of a remarkably well-developed and powerful man. He was suffering from great dyspnœa, which was much increased upon exertion. Percussion showed impaired resonance over both lungs posteriorly, which was not altered by change of position, and auscultation revealed numerous moist râles. The apex-beat of his heart, although perfectly regular in its rhythm, was extended in its area, and in the nipple-line in the fourth left interspace. Auscultation revealed a loud, high-pitched, musical murmur, systolic in time, with its point of greatest intensity over the upper part of the sternum. This was also audible over the whole chest. The peculiarity of this murmur was its decidedly vibratory character, like a torn sail flapping in the wind. The patient himself even noticed this.

With the diastole there was a second murmur, of much lower pitch, and not musical or vibratory in its nature. This had its point of greatest intensity over the aortic cartilage.

There was no apex-murmur. Slight œdema of the legs and feet was present. The urine contained no albumen.

The patient was placed in bed and given digitalis, while counter-irritation and dry cups were applied to his chest posteriorly. Under this treatment he rapidly improved, and was soon considered well enough to be about the ward, the dyspnœa only showing itself after any unusual motion or excitement. The murmurs remained in much the same condition as on admission, although the intensity of the musical murmur had lessened.

On March 20, in the evening, after a day as well as usual, he was seized with a severe attack of dyspnœa, with congestion of the lungs; he was considerably relieved by the application of dry cups; the next morning it was noticed that the œdema of the legs had increased, the dyspnœa was still present to a slight degree, and the only change perceived in the cardiac signs was a lowering of the pitch of the musical murmur.

On the 22d the dyspnœa had increased again, and for the first time a low, long, apex

systolic murmur was detected; this was conveyed plainly into the axillary line. The musical murmur was of still lower pitch than before, and at the aortic cartilage the murmurs were much more plainly of a see-saw character.

Irregularity of the heart's action occurred now for the first time.

On the 23d the area of cardiac dulness was as follows: in the horizontal line at height of nipple the dulness began in the middle of the sternum and extended to the left to a point half an inch beyond nipple; in the perpendicular line drawn midway between the sternum and left nipple, the cardiac dulness began in the third interspace and extended downward till lost in dulness of left lobe of liver.

The area of dulness was now triangular, with the base downward. Impaired resonance was now present over the whole chest, both anteriorly and posteriorly, and no cardiac sounds could be heard, on account of the great stridor and the violent movements of the chest; the apex-beat could not be detected, for the same reason. After this the patient became more and more cyanotic and short of breath, and died on the same day, —March 23, 1884.

Autopsy.—Each pleural cavity contained several ounces of serum. The pericardium contained about one and a half ounces of serum, in which several shreds of lymph were discovered. In both ventricles were large clots, partly chicken-fat, extending through the semilunar valves. Weight of heart, after being emptied of clots and blood, one pound and ten ounces. The walls of the left ventricle were enormously hypertrophied, measuring seven-eighths of an inch at thickest part; the cavity appeared slightly distended, as did also the mitral orifice, which would allow the tips of three fingers to pass. The right anterior leaflet of the aortic valves was torn at its posterior insertion into the aorta, thus leaving a free pointed end about three-eighths of an inch long to float in the blood-current. The left anterior leaflet presented two fenestrations,—the posterior one, the smaller, near the insertion of valve in aorta at its upper margin, the anterior one, the larger, situated some distance down from the free border of valve. The aorta at its origin was atheromatous in places and slightly dilated, a patch existing at the point corresponding to the former insertion of the torn valve. The valves were normal, except for slight thickening. The coronary arteries were not atheromatous.

Remarks.—In this case, the atheroma at the point of insertion of the torn valve must have been the cause of the rupture, during a heavy strain. Should a fenestration have existed near the point of insertion, as exists in the left anterior leaflet, this would be a further reason for the rupture occurring at this point.

Frequently-repeated great bodily exertion was the probable cause of the atheroma, as the man was a moderate drinker and denied rheumatism and syphilis. A point of interest in the case was the peculiar character of the *systolic* aortic murmur, which was, as before mentioned, decidedly musical and vibratory.

As the patient did not suffer from sudden palpitation and dyspnœa at the probable time of the rupture, and as this murmur gradually diminished in pitch while the regurgitant murmur became slightly more pronounced, it is probable that the tear at first was slight, and gradually increased under the great strain thrown upon it, thus increasing the area of the loose edge to be thrown into vibration, necessarily lowering the note produced.

The systolic apex-murmur heard one day before death was due to the occurrence of an incompetency of the mitral valves from overdistention of this orifice.

PHILADELPHIA NEUROLOGICAL SOCIETY.

A STATED meeting of the Society was held Monday evening, March 24, the President, Dr. S. Weir Mitchell, in the chair.

Dr. Mitchell made some introductory remarks, as follows, on

THE OBJECTS AND DUTIES OF A NEUROLOGICAL SOCIETY.

I learned but four days ago that I must meet you to-night, for the first time, as your presiding officer. I thank you for the selection, with feelings which are not altogether made up of pure gratitude.

The time will come, I hope, to all of you, when you will be so weighted with professional cares that the prospect of even an agreeable duty will appear to you as this one does to-night to me. For, while it must be a pleasure to preside over a set of thoughtful men, united by the bonds of a common sympathy, the fact that this involves new duties is one from which I cannot escape. I shall begin by saying that this year especially I shall be absent often and for long periods from your meetings, and I have so stated before consenting to serve with and for you.

My own view of the duties of a president involves much more than merely to preside at meetings. He may do much by exciting and guiding debate, by arranging to secure papers, and by urging, and, in a measure, influencing, research.

He also has certain duties as a critic, and, as critical duties are most pleasantly fulfilled when there is as yet nothing to criticise, I shall begin mine by saying briefly what I think this Society ought to be, what its individual members should seek to become, and what they ought to avoid being.

This brings up a question as to why medical men organize societies or join them. When there were no journals, these meetings had an obvious purpose in the needful relations they established. They were to knowledge what the old exchanges were as regarded commerce. But now we have every new thing thrust at us in weeklies which we scarce find time to skim. What, then, is the need for societies? Except a few like our College of Physicians, they cannot sustain libraries, or act on public opinion, or nourish pleasant fellowship. If they have a real reason for existence, it is in the fact that they bring together in groups men having common interests, so that these men stimulate one another by example and criticism, and by the sympathy arising out of unity of pursuit.

It is never very well to be absolutely isolated in your pursuits. I myself can well recall how little interest I found in this city in physiology when I first began to work at it practically. It was a real and serious discouragement. The reverse of this condition of intellectual loneliness has its use. All men do more and better work amidst the competitions of other workers. Some men can do no work unstirred by the ferment of companionship in like efforts.

In these subtile agencies lies the value of associations like ours,—in the examples they offer, the discipline they teach, the criticism they afford, the sympathy they evolve. The advantage of small societies is that they secure definiteness of aim, and that we hear only what interests all who are present.

The danger of such bodies is that of narrowness, and is the risk to which all persons pursuing specialties are themselves liable. It is to be avoided by not limiting your thoughts to what you discuss in this hall, and by keeping up that sympathetic wide-awakefulness which should preserve for you an interest, and a watchful one, concerning the work done in all other lines of professional progress. Neurologists are least of all liable to fail in this direction; their special study is too broad, and their exposure to this form of degeneration only comparative. It is the small specialties which suffer most, and for that reason I would allow no one to practise otology or ophthalmology alone who had not had ten years of general practice. Nearly every one in such a society as this should be is capable of entering debate with something worth contributing; whilst in large collections of men a few members only debate a subject, and it may chance to have no relation to the active, practical life of the mass of those present. We shall hope, then, to see here enough of debate, unsparing yet courteous criticism, a desire to talk only when there is something to say, and a highly-cultivated tendency to sit down when that thing has been said. The habit of repetition of unthoughtful comment and unfruitful criticism shall have no place here.

Let me say a word as to papers. No doubt we shall, in our existence as a society, hear some papers which, to use an Irish phrase, would have been more interesting if they had never come into being. As to these future and, therefore, defenceless victims of unjust attack, a word in advance. When a man presents an essay here or elsewhere, he should remember that for a time he has a group of people at his mercy tied to the stake of patience by the bonds of social courtesies. It is his duty to have something to say, and then to say it as briefly as possible. There is no literary praise one ought to value like that of condensation. When it is not possible to make brief reports as to cases, it is advisable for society purposes to cut them short by reasonable omissions.

Single cases, or those with clinical personal illustrations, are more desirable here than in larger societies, but I am apt to think little of the future of young men who are in the habit of reporting single cases. Let us have these only when they possess real value or are unusual enough to evoke fresh thought and discussion. The patience which selects a subject, and for years works at it waiting for cases and maturely considering them, seems to be rare in this country, despite of the sure rewards which await its labor. Let us hope to welcome here many such contributions.

Especially may I hope to see and hear much of therapeutics. In the numberless queries for debate at the International Medical Association at Copenhagen I saw not one therapeutic question, and there is a strong feeling in America that in England and this country therapeutics are more sincerely studied and more constantly kept in view by the best physicians than in Germany and France. This is possibly true, and may be owing to the growth of doubt engendered by the certainties of purely scientific work in regard to the insecurity of therapeutic decisions. It is too true that direct therapeutics often owe little to the great masters in neural research; but it is not always true, and from some of the most scientific the art of healing has gained directly, as well as indirectly, through improvements in diagnosis, much that is of priceless value.

Here we must never cease to remember that our ultimate object is to relieve from pain and disability and to save from death. Let us, therefore, keep constantly in view this matter of therapeutics. Let us see all new instruments, consider new drugs, receive hints from our laboratories, and perhaps have deliberate debates or conferences given over to some single agent, or to the treatment of some one disease, with the sharpest criticism upon supposed results.

As an example, I would like well to learn whether all of you accept the present views

of the value of strychnia and the theory of its action, and to hear your evidence thereon.

Not less would I like such a conference, with some surgeons added, on the value of ovariotomy as a therapeutic measure in insanity. I mention these as illustrations; but your ideas as to exclusive diets in nervous maladies would be as interesting.

Regarding you as a set of men grouped for a certain kind of work, something more may be said.

You ought to appoint committees now and then to collect material and suggest work, or to deal with certain questions, such as the best means of determining the amount of sensation present in a part. As to this there are, except Weber's plan, which fails of value save for slight cases, no generally adopted and trustworthy methods. In the same direction there is good work to be done by collective labor in determining, through the effect of nerve-sections, the true distribution of nerves to the skin. I might easily multiply such questions, and some of them would have a peculiar value, relative to climate and seasons in America, and of these would be the relation of rheumatism to chorea, and the statistics of cerebral apoplexy relative to temperature.

It does not seem to me that it will be ever wise to attempt separate publication of proceedings. If there be any surplus of money, it may go towards aiding laboratory work, or to completing for our college library its very imperfect collection of books on neural maladies.

With these hints, and with my renewed thanks, I enter with you upon your society life, in the hope that it may be long, vigorous, and interesting.

The Association then proceeded with the scientific papers of the evening.

SPINAL ACCESSORY SPASM.

Dr. SINKLER presented a patient suffering from spinal accessory spasm, and read the following history of the case:

Anna B. K., aged 41 years, single. Has never enjoyed very good health, but has had no special illness. She has had neuralgic headaches for several years, and about three years ago had rheumatism in the left shoulder. In the spring of 1882 she noticed that, while sitting sewing, her head would turn towards the right shoulder. She could control the movement at first, if she directed her attention to it, but it soon began to be worse and less under the influence of the will. In June or July, 1882, she became unable to restrain the movements of her head. There was no pain in the neck or head, but she became nervous and irritable. There was a sense of discomfort on the top of her head. The use of her eyes seemed to make the movements more troublesome. Her general health has been fairly good, the appetite poor, and she has worried greatly. She was under Dr. Sinkler's care, at the Infirmary for Nervous Diseases, for several weeks in the spring of 1883, and various remedies were used. Galvanism and static electricity were faithfully applied, as well as massage. Hypodermics of atropia were given in the muscle affected, and the bromides and gelsemium were administered. There was no benefit apparent from the treatment.

The patient was re-admitted to the hospital a few days ago, and her present condition is as follows. She is thin and of spare build; she usually sits resting the right side of the face against her hand to check the movements; the head is rotated to the right every few seconds, and turns more frequently if she is excited or nervous; the chin is turned strongly to the right and the head inclined slightly in the same direction; the head is not drawn back; after being held in this position for about two seconds the spasm relaxes and the head becomes straight; she can keep the head quiet by resting it against some object, and sometimes will rest her head against the wall for this purpose; the left sterno-cleido mastoid muscle is markedly hypertrophied and is tender to handle; pressure over the spinal accessory nerve does not arrest the spasm, it rather brings it on; there is pain at the insertion of the right sterno-mastoid muscle, but none in the left muscle; no contraction takes place in the trapezius muscle, and it is not hypertrophied; the voice is unchanged, and there is no laryngeal spasm.

The urine contains neither albumen nor sugar.

Dr. HARLAN, one of the surgeons at Wills Eye Hospital, kindly examined the patient's eyes, and reported that the optic disks were nearly or quite normal. Vision, R. $\frac{20}{30}$, L. $\frac{20}{40}$.

The patient is nervous and inclined to be hysterical.

Dr. DERCUM mentioned a case which was relieved by nitrite of amyl. He said, however, that the case was specific in nature. Iodide of potassium was afterwards given with satisfactory results.

Dr. MITCHELL believed that gelsemium, in exceedingly large doses, was the best remedy for such cases.

THE PRIMITIVE FISSURES OF THE FŒTAL BRAIN.

Dr. A. J. PARKER made some remarks on *the primitive fissures of the fœtal brain*. These fissures appear very early in fœtal life. He did not believe, with some, that they were due to hardening agents, as alcohol and chloride of zinc. He found that these fissures had certain mathematical relations to the brain itself. He regarded them as due to pressure, just as brain-flexure is due to pressure. The brain grows under pressure; it tends to grow more rapidly than the skull. Fissures represent retarded growth.

SPECIMENS SHOWING THE LESIONS OF SNAKE-VENOM.

THE PRESIDENT invited Dr. Guy Hinsdale to exhibit to the Society some mounted specimens showing the lesions of snake-venom.

The specimens were obtained in the experimental laboratory of Drs. Mitchell and Reichert, in the University of Pennsylvania, and illustrated the ecchymoses seen in the lungs of rabbits into whose jugular veins venom had been injected. The appearances are striking, the blotches of extravasation being in marked contrast with the surrounding lung-tissue. The colors have been preserved by filling the large cells with a fluid composed as follows:

Glycerin, Oss;
Dense sol'n gum arabic, Oj;
Sat'd sol'n acetate of potash, Oiss;

The cells are made by cementing to a square piece of plate-glass a rubber ring, five inches high and five broad, covering the cell, when filled with the fluid, with a round cover-glass. These cells are four inches in diameter. The cement used is known as "Van Stan's Stratena," and, being made with acetic acid, is not affected by the fluid of the cell. Before the rubber ring is fastened to the glass, a triangular nick is cut in it, at two places, so that if the fluid becomes discolored, as in mounting specimens too quickly, the original fluid may be drained away and fresh fluid supplied. Large hypodermic needles and a syringe are of use in this operation. Air-bubbles may also be removed in this way. The specimens exhibited have been mounted for only one month, but they are apparently as fresh as ever.

The eight specimens exhibited the lesions of pure venom of the rattlesnake, the lesions of the three globulins, and the peptone which compose the poison.

NEW YORK PATHOLOGICAL SOCIETY.

A STATED meeting was held April 9, 1884, GEO. F. SHRADY, M.D., President, in the chair.

MYXO-FIBROMA OF THE VULVA.

Dr. H. J. GARRIGUES presented a pedunculated tumor removed from the vulva, and remarked that such tumors must be very rare, as they were not mentioned in the works of Emmet, Thomas, or Barnes. In the last German encyclopædia, edited by Billroth, there was a figure illustrating such a case, and it was there called myo-fibroma. The exact diagnosis, however, should be myxo-fibroma. His specimen was removed from a patient who was pale, dyspeptic, and suffering from eczema of the scalp. The growth had been noticed nine years ago, but nothing had been done for it, and what induced her at last to seek relief was that the tumor began to slough and to emit an offensive odor. It was attached to the left labium majus by a pedicle the size of the finger, and of some length. The color was that of the surrounding parts; it measured eight centimetres in length, seven in width, and four in thickness, and had somewhat the shape of a pear. It was covered with large scales of epidermis; the surface was rather even. It was not the seat of pain, nor was it sensitive to touch. The feel was elastic. In the pedicle could be felt rather a large artery. He applied the clamp, made a flap as in amputating the finger, cut the tumor off at the level of the clamp, tied the artery, and united the two flaps with catgut suture. There was complete healing of the cicatrix on a level with the surrounding tissue. He was not surprised, after making the microscopical examination, that a large amount of blood had come out of the tumor. There was no capsule; immediately beneath the epidermis was the tumor-substance. The epidermis was very thick, contained normal papillæ, no hair-follicles nor glands. In the more superficial part was considerable connective tissue, with different cells interspersed. In the deeper part the cell-material was very much increased, while the connective tissue was decreased in amount, so that there was a fine connective-tissue reticulum full of protoplasmic matter, constituting what was called myxomatous tissue. Everywhere were seen large numbers of arteries and veins.

Dr. W. M. CARPENTER remembered to have seen two such cases. The tumor was attached either directly to or very close to the labium.

PYELO-NEPHRITIS FOLLOWING GONORRHŒA.

Dr. H. N. HEINEMAN presented specimens removed from the body of a man, 45 years of age, who was admitted to the hospital yesterday. On admission the temperature was 100.5°. It afterwards fell to 97.5°. The patient was in a moribund condition. There was sero-sanguinolent expectoration, and some blood was passed with the urine. Death took place at 1 A.M. At the autopsy there were petechiæ over the surface of the body. There was marked pulmonary congestion and œdema. There were also some lesions in other organs, but the chief interest related to the kidneys. The man twenty years ago had gonorrhœa, and subsequently chronic bladder-trouble. The autopsy had not been fully completed, but the history pointed to stricture of the urethra, and doubtless such would be found. The walls of the bladder were thickened, and the mucous membrane the seat of recent inflammation. One of the kidneys was enormously increased in size, and was the seat of pyelo-nephritis. The other kidney presented in a more marked degree the ordinary lesions of chronic Bright's disease, and in a less degree pyelo-nephritis. It was probable the bladder- and kidney-

troubles were secondary to stricture originating in gonorrhœa, and that the numerous hemorrhages found in different organs and on the surface of the body were due to a septic influence.

CYST OF THE BROAD LIGAMENT TWISTED UPON ITS PEDICLE, SIMULATING ENLARGEMENT OF THE UTERUS.

Dr. ELIZABETH M. CUSHIER presented the specimen, which was removed post-mortem from the body of a girl who died at the sixteenth year. She was admitted to the infirmary on the 26th of March. She began to menstruate at the age of fourteen. At first, menstruation was profuse. During the following two years it was irregular. Last summer there was suppression of menstruation for nine weeks. It then came on and was very profuse. It diminished somewhat until four weeks previous to admission, when there was again profuse hemorrhage, which continued until her death. Until a week previous to admission she had been attended by another physician. She was then visited by the district physician, who tamponed the vagina. She was once found with the muscles in a state of tonic contraction, and there was complete insensibility. With this exception there had been no other symptoms than those of hemorrhage. She was said to be a nervous girl, and earlier in life had had chorea. Vaginal examination brought away blood-clots; the neck of the uterus was dilated; there was a tumor in the median line reaching half-way to the umbilicus. The temperature and the pulse at that time were normal. Ergot was at first given, with the effect of apparently reducing the hemorrhage, but it again returned profusely. When brought to the infirmary on the 26th she was still flowing, but at this time not profusely. On this evening there was noticed for the first time a slight elevation of the temperature, 100.5°; the pulse was 110. When Dr. Cushier saw her on the 27th there had been free hemorrhage, dark clots were in the vagina, the patient was perfectly pallid, the pulse quite weak. The finger could be introduced as far as the internal os. The tumor in the median line gave the impression of pregnancy of about four and a half months. Pressure upon it communicated an impulse to the finger on the cervix. The girl said there was a possibility of pregnancy. The tumor seemed rather soft, and gave not altogether the sensation of the pregnant uterus, but it seemed that it could not be accounted for in any other way. The hemorrhage was quite free, and it was decided to introduce disinfected laminaria tents of small size. In the afternoon of the next day the tents were removed, but the uterus contracted so that only a sound could be introduced. The cavity still measured but three inches, as it had done before the use of tents. It had been previously supposed that something prevented the entrance of the sound to the full depth. Examination was also made per rectum. Extra-uterine pregnancy was thought of, but could not be confirmed. The patient vomited incessantly, diarrhœa set in, the temperature at one time rose to 103°, the pulse was feeble and part of the time irregular, and death finally ensued, April 1. The patient remained conscious to the last. At the autopsy, a tumor about the size of a child's head lay above the pubes, which was found to be a cyst of the broad ligament with a long pedicle, and twisted in such a way that the tumor was held firmly over the fundus of the uterus, directly in the median line. The pedicle was probably twisted upon itself twice. The uterus was enlarged, but it was uncertain whether there had been pregnancy, or whether the enlargement was a simple hyperplastic increase. The other abdominal organs were normal, except for extreme pallor. The lungs were œdematous. There was some mitral insufficiency, which had given rise to a murmur during life. There were heart-clots, either post-mortem or ante-mortem. Dr. Cushier regarded the case as one full of interest, particularly with reference to the difficulty of diagnosis. Looking at the tumor on the table, the diagnosis would appear easy, but it was altogether different during life. The patient was seen by several physicians of acknowledged skill, and the true condition was not recognized. The possibility of a fibro-cyst, of a pregnant uterus, of an enlarged uterus with some growth within its cavity, of extra-uterine pregnancy, were all questions which presented themselves and could not be satisfactorily decided. Another point of interest was with regard to the cause of hemorrhage from the uterus. In the light of the autopsy the question suggested itself as to whether it were not due to interference with the return circulation by the twist of the pedicle of the tumor involving the broad ligament. As to the cause of death, she thought it still remained uncertain.

Dr. GARRIGUES said there were but two ways of determining whether or not pregnancy was present. The one was by examination of the specimen, and the other was from a study of the clinical symptoms. With regard to the latter, according to his experience, the earliest signs of pregnancy were to be found in the mammæ, with the exception of the somewhat doubtful gastric symptoms. He had been able to detect pregnancy as early as the sixth week by simple inspection of the mammæ. It would be found that the limiting-line of the areola lost its sharpness at a particular spot, namely, upward and outward. There the line became indistinct early in pregnancy, there being simply dark-colored tongue-like projections from the circumference. At the same time there would be found some increase in the volume of the agglomerated glands, but this sometimes oc-

curred in the virgin. Another sign related to the violet color of the vagina. As to hemorrhage after abortion, it was much more likely to be found in cases in which only the ovum was thrown off, the decidua being left. He never used tents except in extreme cases. They were very dangerous. As to the cause of death, it was probably septicæmia.

Dr. R. NEWMAN said he presented a cyst of the broad ligament to the Society some time ago which resembled the present case very much. In that instance there was the same obscure uterine hemorrhage.

Dr. PUTNAM JACOBI thought a study of the history of the case and of the post-mortem findings would point to death from acute anæmia and heart-failure, and not to septicæmia.

CARCINOMA OF THE STERNUM, CLAVICLE, AND ILIUM.

Dr. F. FERGUSON presented specimens and microscopical slides illustrating carcinoma of the bones mentioned.

ACUTE GENERAL MILIARY TUBERCULOSIS.

Dr. FERGUSON presented a uterus, the mucous membrane of which contained tubercular deposits, being the first instance in which he had seen miliary tubercles in this situation. The patient was 30 years of age, and died in a comatose state, five weeks after the inauguration of her symptoms, from tubercular meningitis. The case was interesting because of the insidiousness of the invasion of the disease, and because of its rapid course. Tubercles were also found in the lungs and in other portions of the body.

FIBROID INDURATION OF THE HEART.

Dr. FERGUSON also presented a number of hearts illustrating myocarditis, or fibroid induration of the walls of that organ. In some the disease was more marked than in others, in some it was associated with endocarditis, in others with pericarditis, and in still others neither of these conditions was present. In almost all of the cases there was also extensive chronic diffuse nephritis, and many of the patients suffered from rheumatism, but syphilis was usually denied. It had generally been supposed that the condition was often due to syphilis. The lesion was in every instance in the left heart, and not in the right. One author was represented as making a quotation to the effect that the right heart was always affected.

PERITONITIS IN THE INFANT.

Dr. J. LEWIS SMITH saw the patient only the day before its death. It died on the fourteenth day. There had been nothing unusual in the birth. A week before his visit, the nurse said, the child had been very fretful. There afterwards was noted increased temperature. He found evidence of peritonitis. There was great distention of the abdomen and meteorism ; the child cried when pressure was made over the abdomen. The rectal temperature was 102.4°. During the first ten days of life the child had gained only one ounce in weight. Some pus could be squeezed from the umbilicus. The cord had separated at the seventh day. The autopsy was made by Dr. Welch. The most marked lesions were found along the course of the umbilical cord, where fibrinous pus was quite thick. The lymphatic vessels along the under surface of the diaphragm were also filled with pus, and Dr. Welch had stated that there probably would have been an extension of the inflammatory process to the pleura had the child lived longer. The umbilical vein was filled with grayish-red, broken-down, and purulent thrombi, closely adherent to the walls of the vessel. Dr. Welch explained the peritonitis by the statement that micrococci, which were present, had found their way through the umbilical vein into the peritoneal cavity, and that this fact also explained the reason for there having been a greater degree of inflammation along the course of the vein. Dr. Smith said that if this explanation of peritonitis in these little patients were accepted by pathologists, it was interesting and suggestive. Some weeks ago there had been some puerperal fever and erysipelas in the maternity wards of the institution, where the child died, and for that reason the wards were closed for a time. Whether the present case was in any way connected therewith he was unable to say.

Dr. W. P. NORTHRUP had seen four cases of peritonitis in children, one of which was nine, another eleven, and a third twenty days old. He did not remember the age of the fourth. In all of these cases the umbilical vein was carefully examined, and in none was thrombus found. The cord had previously come away and left a perfectly healthy stump. In one case there was an abscess of the shoulder, which was the only other lesion which could possibly have attracted attention, and no connection between this and the peritonitis could be traced. There was no pleuritis ; all the thoracic viscera were healthy. All four of the cases were, so far as could be ascertained, cases of idiopathic acute diffuse peritonitis. In reply to a question, he stated that the disease did not occur at a time when puerperal fever had been present in the institution ; they occurred at different periods, extending over some months.

Dr. PUTNAM JACOBI did not think that absence of a thrombus in the umbilical vein in Dr. Northrup's cases necessarily excluded infection as a cause of the peritonitis. She could not help supposing there was infection in the case of abscess of the shoulder. The presence of an abscess and of peritonitis occurring at the same time was at least very significant.

REVIEWS AND BOOK NOTICES.

MEDICAL DIAGNOSIS WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A GUIDE TO THE KNOWLEDGE AND DISCRIMINATION OF DISEASES. By J. M. DA COSTA, M.D., LL.D., Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, etc. Illustrated with Engravings on Wood. Sixth Edition, revised. Philadelphia, J. B. Lippincott & Co., 1884.

The mere announcement of the appearance of the sixth edition of this classical work would be sufficient, but we find, upon looking over its pages, so many evidences of careful revision and discriminating judgment in adding new material to keep pace with the rapid progress of medical science that we cannot forbear making a brief note of comment. New illustrations have been added (including one of the now celebrated bacillus tuberculosis, and also of the spirillum of relapsing fever), and the text has been diligently revised. The book is handsomely and appropriately printed on toned paper, and altogether is one which affords real pleasure in the reading.

The translation of this work into German and Spanish, which has been announced, is not only a just tribute to its real worth, but it also reflects honor upon American medicine.

ELEMENTS OF MODERN CHEMISTRY. By ADOLPHE WURTZ (Senator), Member of the Institute, Honorary Dean and Professor of Chemistry of the Faculty of Medicine of Paris, Member of the Academy of Medicine, etc. Second American Edition. Translated and edited, with the approbation of the Author, from the Fifth French Edition, by WILLIAM H. GREENE, M.D., Professor of Chemistry in the Central High School, Philadelphia, etc. With One Hundred and Thirty-Two Illustrations. London and Philadelphia, J. B. Lippincott & Co., 1884. 12mo, cloth, pp. 770.

Professor Greene has rendered a real service to American students in presenting in such attractive form his admirable and able translation of Wurtz's "Leçons élémentaires de Chimie moderne." In addition to a complete revision of the text in accordance with the fifth French edition, Professor Greene, having received authorization from M. Wurtz, has reclassified the metals in accordance with the now generally accepted theory of atomicity. A short chapter on chemical energy and a brief history of Mendelejeff's periodic law have been added.

This work is a compendious treatise on modern chemistry; it is fully illustrated, and abounds in descriptions and demonstrations, and we are glad to see that it has been adopted as a text-book by some of the principal medical colleges, including the University of Pennsylvania and the Women's Medical College of this city.

GLEANINGS FROM EXCHANGES.

RECOVERY AFTER TRANSFIXION OF THE HEART.—An elderly lady with suicidal proclivities, for which she was under treatment in a hospital, was found one evening, just after getting into bed, to have become suddenly and violently ill, and medical aid was summoned at once. On its arrival she was found to be quite unconscious, very pale, skin cold and clammy, pupils widely dilated, but there was no conjugate deviation present; the features were drawn and altered, and the head was rolled rhythmically from side to side, patient moaning slightly at times. The radial pulse on the right side was very weak, that on the left almost imperceptible,—rate seventy-eight per minute. The left arm and leg were quite paralyzed, so far as could be made out. The right arm was lifted and let fall feebly and aimlessly, now and then. She had vomited a little, but no deleterious substance could be detected in the rejected matter by the rough examination possible at the time.

On palpation over the præcordia, the cause of this rather puzzling condition was discovered. A knob about the size of a large pea was felt adhering to the chest-wall in the situation of the apex-beat, and this proved to be the head of a large steel shawl-pin, about three and three-eighths inches long, which the patient had succeeded in secreting, unobserved by the attendant in charge, and which she had thrust right into the chest, at the situation mentioned above, the part embedded being directed slightly upwards and inwards and measuring about two and three-quarter inches. It was at once removed, and stimulants administered, and almost immediately the heart's action began to gain in force. The pulse became stronger and steadier, and consciousness slowly and gradually returned. For some time there was very urgent dyspnœa, and patient complained much of pain in the præcordia, but these unfavorable symptoms diminished as time went on, and after an hour had passed she was much better; the paralysis of the left side had disappeared; the pulse was steady, and of fair strength,—rate one hundred and eight per minute; and she was quite conscious of what occurred around her. Four hours after the occurrence she was sick again and vomited a little; but this soon passed off, and she fell asleep, and slept at intervals during the rest of the night, stimulants being given frequently in small doses. On the following day she complained of some pain at the site of puncture, and of headache, but was otherwise pretty well, and her recovery after this proceeded without interrup-

tion. Some months have now elapsed, and no trace of the injury can be detected.—*Edinburgh Medical Journal.*

Rhinoscleremа.—Observations on this disease have been hitherto limited to Vienna; but Pellizzari has had the good fortune to meet with a case at Florence, and has published an exhaustive monograph dealing with it. The affected person was a female aged 37, who had had twenty children, of whom only seven survived. Although her husband was syphilitic, he does not appear to have communicated his diathesis to his wife. The children died of nervous disorders (convulsions and epilepsy). The disease commenced about 1868; death occurred in 1882, mainly caused by the mechanical obstruction to her air-passages as a result of the continual increase of the growth. Antisyphilitic treatment had no effect on the progress of the disease. The author has little to say on the question of etiology. He believes rhinosclerema to be a bastard product of syphilis, and that more may yet be said about syphilitic treatment as applied to it. The disease itself is characterized by the development of an infiltration of a homogeneous character, containing a number of cells of variable form and size, but nearly all of the embryonic type. The infiltration commences always in the neighborhood of the vessels, and in the submucous tissue, whence it spreads. Pellizzari regards the process as an inflammatory one of a special kind. As for the cause, the author inclines to the parasitic theory. Rod-like bodies have been found within the cells, and aggregated into masses which stain strongly with gentian violet in the intermediate tissues. Frisch has cultivated the organism, but so far inoculation has with him yielded no result. The author remarks, "To-day pathology has but a single note,—the micro-organisms. It is a mirage, an illusion which will vanish to morrow; but the imperious necessity which urges man on to test the reason of things has compelled us to-day to follow this scientific phase." This paper is very fully and well illustrated.—*Annales de Dermatologie et de Syphiligraphie*, September, 1883; *Edinburgh Medical Journal.*

Erysipelas without Fever.—Dr. Cavasy reported to the Medical Society of London, at its last meeting, five cases of facial erysipelas with low temperature, in two of which an extension of redness and swelling had occurred, while the temperature was subnormal. Although these were not regarded as genuine attacks, yet it was believed that they could communicate the disease.

Danger of Administering Chloroform by Hypodermic Injection.—M. Bouchard found that hypodermic injections of chloroform in rabbits and dogs cause death from acute congestion of the kidneys. Albuminuria generally appeared two hours after the injection, and was generally accompanied by hæmaturia. Albuminuria was also observed after inhalation of chloroform in rabbits. In man, temporary albuminuria has also been noticed after inhalation, but not after hypodermic injection; but M. Bouchard thinks that the injection of 3 ccm. might prove dangerous.—*British Medical Journal.*

MISCELLANY.

Chloroform-Water.—This application, which is much employed in Paris, is prepared as follows. An excess of chloroform is poured into a bottle three parts filled with distilled water, and, after repeated shaking, the mixture is allowed to stand until the extra chloroform is deposited and the liquid quite clear. The transparent portion is then to be removed by a siphon, forming a saturated solution of ten grams of chloroform per litre. Applied on compresses, either in its pure state or diluted with half or its whole weight of water, it is found to relieve superficial pains; but when these are more deeply situated, a very hot linseed poultice is applied, which is afterwards replaced by the compress of chloroform-water. Active revulsion is thus produced, which relieves the pain. Associated with a weak solution of opium, it relieves vague dental pain; and with syrup of morphia it is successfully given internally for various forms of malaise from indigestion, such as gapings, eructations, sense of weight, etc. It is also useful as a palliative in cancer of the stomach.—*Union Médicale.*

Cattle are more valuable than human beings: at least they are viewed in that light by certain Congressmen. The outlay of thousands of dollars is asked for to restrict the spread of the foot-and-mouth disease now alleged to be prevailing in Kansas, while not one cent is appropriated to stay an epidemic of diphtheria which prevails in every State. A special session of the Legislature is called in Kansas, and a bill passed providing for a State veterinarian, in less than a week after the alarm becomes general. But no especial anxiety is evidenced to pass a bill providing for a State board of health: yet more people die from contagious diseases in a year than cattle. The *Sanitary News* says that Mr. Longfellow was entirely wrong when he gave his advice to "be not like dumb, driven cattle." If the people of Kansas were literally like dumb, driven cattle, they might have something done to lengthen their lives. Why is this? Because we cannot sell our children, while we can our cattle. Hence the children die, and the cattle are protected.

At the Berlin Polyclinic (Ziegelstrasse, 3), monthly courses are given on ophthalmology, operative surgery of the eye and practical instruction in the use of the mirror, neuro-

pathology and electro-therapeutics, laryngoscopy and œsophagoscopy, otology, rhinology, dermatology, syphilidology, histology, and forensic chemistry. Two laboratories, one for chemistry and one for histology, are attached to the Polyclinic, where ample opportunity is afforded for executing researches on scientific objects. On the 1st of January a third laboratory, destined for working in bacterioscopy, was opened, and a course of bacterioscopy was added to the other courses.

SARCO-PEPTONES.—A peptonized beef extract, prepared by the Rudisch Company, is offered to the profession by Parke, Davis & Co., under the title of Sarco-peptones. In consistence it is a jelly, having an agreeable flavor, and odor of osmazome, and can be used in solution like ordinary beef extract, or may be spread upon thin slices of bread. The superiority in nutritive qualities of such a preparation over ordinary beef-tea is susceptible of easy demonstration.

THE ANALECTIC, edited by Walter S. Wells, M.D., and published by G. P. Putnam's Sons, New York, is a monthly periscopic summary of the progress of medical science, which began with January, 1884. Each number contains forty-eight pages, large size, double column, and handsomely printed. The subscription-price is two dollars and fifty cents per year.

THE ARCHIVES OF PEDIATRICS, edited by Dr. William Perry Watson, with a number of collaborators, is a monthly journal devoted to the diseases of infants and children. With original articles and reviews, it contains each month a *résumé* of current literature upon pediatrics. It is ably conducted and well printed. Subscription-price, three dollars per year.

DR. JOHN H. PACKARD has been elected one of the attending surgeons to the Pennsylvania Hospital.

NOTES AND QUERIES.

PHILADELPHIA MEDICAL JURISPRUDENCE SOCIETY.

At the stated meeting of the Medical Jurisprudence Society to be held May 13, 1884, Henry Leffmann, M.D., will read a paper entitled "Euthanasia, a Consideration of the Permissibility of Terminating Life in Cases of Hopeless and Painful Illness."

OBITUARY.

PROF. WILLARD PARKER, M.D., of New York, died at his home on the 25th ult., at the age of eighty-four years.

DR. CHARLES T. HUNTER, late Demonstrator of Anatomy to the University of Pennsylvania, and Surgeon to the Out-Patient Department of the Pennsylvania Hospital, died with chronic meningitis on Sunday, April 27, aged forty-one years.

DR. FREDERICK C. SHEPPARD, of Philadelphia, died April 14, at Colorado Springs, with pulmonary consumption. He was in the twenty-eighth year of his age.

OFFICIAL LIST

OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U.S. ARMY FROM APRIL 13, 1884, TO APRIL 26, 1884.

HOFF, JOHN VAN R., CAPTAIN AND ASSISTANT-SURGEON.—To be relieved from duty at Alcatraz Island, Cal., and to report to the commanding officer at Fort Mason, Cal., for duty as post-surgeon. Paragraph 3, S. O. 45, Headquarters Department of California, April 16, 1884.

PORTER, JOSEPH Y., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for two months, to take effect about May 5, 1884. Per S. O. 38, Headquarters Division of the Missouri, April 19, 1884.

BIART, VICTOR, CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for one year on surgeon's certificate of disability, with permission to leave the Division of the Missouri. Paragraph 2, S. O. 91, A. G. O., April 19, 1884.

LA GARDE, LOUIS A., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for one month, with permission to apply for two months' extension. Paragraph 1, S. O. 91, A. G. O., April 19, 1884.

NEWTON, R. C., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty at Fort Sill, Indian Territory, and ordered to Fort Elliott, Texas, for duty. Paragraph 1, S. O. 77, Headquarters Department of the Missouri, April 14, 1884.

PILCHER, JAMES E., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Assigned to duty at Camp Poplar River, Montana. Paragraph 2, S. O. 37, Headquarters Department of Dakota, April 7, 1884.

CHAPIN, ALONZO R., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty at Fort Douglas, Utah, and ordered to Fort Laramie, Wyoming, for duty. Paragraph 2, S. O. 33, Headquarters Department of the Platte, April 15, 1884.

WALES, PHILIP G., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Ordered to report to the Commanding General, Department of the Columbia, for assignment to duty. Paragraph 11, S. O. 84, A. G. O., April 11, 1884.

LIST OF CHANGES OF STATIONS OF NAVAL MEDICAL OFFICERS FROM APRIL 13 TO APRIL 26, 1884.

Medical Director P. S. WALES, to continue on duty as member of Ration Board.

Surgeon H. M. WELLS, to special duty at Hot Springs, Ark.

Medical Director GEORGE PECK, ordered as President of Board of Medical Officers detailed for special duty at Coaster's Island, near Newport, R.I.

Medical Director A. C. GORGAS and Surgeon I. C. WISE, to be members of above Board.

Medical Inspector H. C. NELSON, detached from Navy-Yard, Washington, and placed on waiting orders.

Surgeon D. McMURTRIE, ordered to duty at Navy-Yard, Washington.

P. A. Surgeon C. T. HIBBETT, ordered to U. S. Ironclads, James River, Va.

P. A. Surgeon H. AULICK, detached from Ironclads and ordered to "New Hampshire."

P. A. Surgeon W. S. DIXON, detached from "Hartford" and ordered to Coast-Survey Steamer "Hassler."

P. A. Surgeon F. H. TERRILL, detached from "Hassler" and ordered to "Hartford."

Surgeon I. C. WISE, detached from "New Hampshire" and placed on waiting orders.

Medical Inspector W. K. SCHOFIELD, appointed Medical Inspector on active list.

P. A. Surgeon F. S. NASH, detached from Laboratory and ordered to "Alert" (Greely Relief Expedition).

P. A. Surgeon I. H. HALL, ordered before Retiring Board.

Medical Inspector H. C. NELSON, placed on Retired List.

P. A. Surgeon S. W. BATTLE, placed on Retired List.

P. A. Surgeon F. H. TERRILL, resigned.

P. A. Surgeon I. M. MURRAY, ordered to "Minnesota."

TO THE MEDICAL PROFESSION.

LACTOPEPTINE.

DEMONSTRATED SUPERIORITY OF LACTOPEPTINE AS A DIGESTIVE AGENT.

Certificate of Composition and Properties of Lactopeptine by Professor ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain.

LONDON, May 3, 1882.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare **Lactopeptine** from ingredients made under my own direction, doing all this with the object of certifying that **Lactopeptine** is what its makers profess it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed **Lactopeptine** is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, **Lactopeptine** is a skilfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with, and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase," or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the "pancreatine," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of **Lactopeptine.** A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than **Lactopeptine** containing the same weight of the same pepsin. Sooner or later, however, the action of the **Lactopeptine** overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatine contained in the **Lactopeptine.** My conclusion is that **Lactopeptine** is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a healthy digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas, and salivary glands, and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

FORMULA OF LACTOPEPTINE.

Sugar of Milk	40 ounces.	Veg. Ptyalin or Diastase .	4 drachms.
Pepsin	8 "	Lactic Acid . . .	5 fluid drachms.
Pancreatine	6 "	Hydrochloric Acid . .	5 " "

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested LACTOPEPTINE, recommend it to the profession.

ALFRED L. LOOMIS, M.D., Prof. of Pathology and Practice of Medicine, University of the City of New York.

SAMUEL R. PERCY, M.D., Prof. Materia Medica, New York Medical College.

F. LE ROY SATTERLEE, M D., Ph.D., Prof. Chem., Mat. Med., and Therap. in N. Y. Col. of Dent.; Prof. Chem. and Hyg. in Am. Vet. Col., etc.

JAS. AITKEN MEIGS, M.D., Philadelphia, Pa., Prof. of the Institutes of Med. and Med. Juris., Jeff. Medical College; Phys. to Penn. Hos.

W. W. DAWSON, M D., Cincinnati, Ohio, Prof. Prin. and Prac. Surg., Med. Col. of Ohio; Surg. to Good Samaritan Hospital.

ALFRED F. A. KING, M.D., Washington, D.C., Prof. of Obstetrics, University of Vermont.

D. W. YANDELL, M.D., Prof. of the Science and Art of Surg and Clinical Surg., University of Louisville, Ky.

L. P. YANDELL, M.D., Prof. of Clin. Med., Diseases of Children, and Dermatology, University of Louisville, Ky.

ROBT. BATTEY, M.D., Rome, Ga., Emeritus Prof. of Obstetrics, Atlanta Med. College, ex-President Med. Association of Georgia.

CLAUDE H. MASTIN, M.D., LL.D., Mobile, Ala.

Prof. H. C. BARTLETT, Ph.D., F.C.S., London, England.

Prof. JOHN ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., London, England, Prof. of Prac. Chem. to the Pharmaceutical Society of Great Britain.

For further particulars concerning **Lactopeptine,** the attention of the profession is respectfully directed to our 32-page pamphlet, which will be sent on application.

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6th. It contains twenty-five times more nutritive matter than Liebig's Extract of Beef or similar productions.

7th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef-tea prepared from eighty ounces of beef.

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Fresh Beef	18.53 "	Infants' Food	9.90 "	Cows' Milk	4.00 "
Extractum Carnis (Liebig's Beef)					3.40 "

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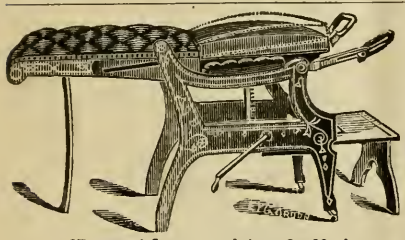

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November 28, 1883. **Cases of Patients at the Murdock Liquid Food Co.'s Free Hospital, Boston, of Seventy Beds.** Organized May, 1883.

Our first death and its cause. A letter from the physician who attended her.

BOSTON, October 22, 1883.

DEAR SIR,—Allow me to acknowledge the great favor which I received at your hospital, indirectly, through one of my patients. The autopsy enables me to give a better description of her case than I could in any other way. From it we quote it revealed a left ovarian cyst, which was embedded at the base and behind in a cancerous mass of the encephaloid variety and ulcerative stage. Recent and extensive inflammations had rendered the organs of the hypogastric and pelvic regions almost a compact mass, so strong and extensive were the adhesions. This condition accounted for the great suffering and rapid change of the last few days of her life.

I am satisfied that fully two months of comparative comfort were added to her life by the use of your Liquid Food.

I am using your Food, in a variety of cases, with great satisfaction. Thanking you for all kindness to myself and patient, I am Very respectfully yours.

Mrs. S., born in 1841. Married; mother of two children. While carrying the second child she was very ill all the time, and had a very severe labor, causing laceration of the mouth of the womb, and other injuries incident to such severe deliveries. Since that time she has suffered more or less from these injuries and other diseases, which in turn have contributed to depress her nervous system, and bring her into a state of great suffering, which has been long and tedious. To alleviate these sufferings opium was administered as the only remedy that would give relief, until the opium habit was contracted. In this condition she came to the Murdock Liquid Food Hospital. Not able to walk or stand, weak and restless, passing her nights in pain, vomiting her food almost every meal, often deeply colored with fresh blood. Four weeks' treatment with Liquid Food cured all the vomiting, overcame the opium habit, and now the patient sleeps well, eats well, and retains her food, and has gained some ten pounds in flesh.

Miss T., aged 24 years. In health weighed 140 pounds. In December, 1880, was taken sick with pleurisy, which resulted in an effusion of pus into the pleural sac. Several times pus was drawn by aspirating. At one time two quarts were drawn. Finally the sac was opened, and a drainage-tube was put in, and the sac has continued to discharge until the present time.

She was admitted to Murdock's Free Hospital, May 5, 1883, weighing only 80½ pounds, having lost 60 pounds of flesh, being unable to take and digest food enough to sustain the system under such a drain, and has been badly constipated for three years, being obliged to take medicine weekly for the same. On Liquid Food she gradually began to gain flesh and strength. The discharge from her side diminished, three-quarter tube reduced the same per cent., and has been relieved of constipation. Her spirits revived, and she improved, and was able to ride and take short walks daily, until in August she received a severe mental shock, which upset her nervous system so that she refused food of all kinds for several weeks. She has finally recovered her mind, and now takes food again, and is gaining daily and able to ride out.

Miss V., October, 1882, was blind, had both eyes operated on, but without success. Other troubles followed—piles, kidney trouble. Casts were found in the urine, the left kidney being badly affected. Peritonitis and cystitis followed. After being in a hospital three months, entered ours, October 5th, unable to retain food, vomiting incessantly, and in a helpless condition. Has taken four teaspoonfuls of Food daily. Retains her food, is able to go around some, sitting up and working at what her sightless eyes will allow, gradually improving in health, strength, and spirits.

Mrs. O. for four to five months was unable to retain any food except four to five ounces of milk daily, with lime-water; her weight reduced in one year 55 pounds; suffering from many complaints, she was obliged to take morphine daily in increasing quantities; she has been in the hospital two months, has taken no morphine, and after the first week able to retain common food, and has gained seven pounds since, gaining one pound per week, and now discharged.

Mrs. C. had been an invalid for over two years, a great share of the time being confined to her bed; has suffered very much, both from abscesses and nervous prostration, and was given up as hopeless by all the physicians who treated her. She came under our treatment in January of 1883, has improved greatly, and considers that she has fully recovered, as she is able to be about the house, perform light duties, eats well, where, before treatment, she could only retain milk, and had no appetite for solid food of any kind, which she now enjoys.

Miss Q. four years ago, from a severe cold, had rheumatic fever, which left her in a relapse, with loss of menses, which developed blood-poisoning and scrofula to such an extent that from her knees to her toes was a mass of sores, with scabs one-quarter to three-eighths of an inch thick; legs, from the knees, and arms badly distorted and reduced in flesh; and had been bedridden all the time and in constant pain. For three months prior to three months of taking Liquid Food she had monthly hemorrhages from the mouth; for three months prior to taking Liquid Food she had had, monthly, a terrible flow of water, and for the last month also passed about one-half tumbler of soft limestones, not from the bladder. She has been in the hospital three months, and has taken daily four tablespoonfuls of Liquid Food, *but no medicine*. Has been relieved of all pain; all sores have dried up and shed their scabs; gained in flesh; relieved of constipation; can lift herself from the bed with her elbows and feet three to four inches; sleeps well, eats common food, and gaining daily.

Her last physician wrote us that she was incurable, and all the many that treated her gave the same opinion.

Mrs. A. was for one year under treatment, for uterine hemorrhages and extreme nervous debility, by the best physicians, with no beneficial results. She became completely prostrated by the disease. Her nervous system was so run down that she had no control of her nerves, passing the nights in a wakeful horror of some dreaded misfortune or death. Previous to this illness her weight had been 160 pounds, but her sufferings soon brought her weight to 120 pounds. She at last concluded to try what could be done for her at Murdock's Free Hospital, as she had taken medicine enough and thought she needed something to build her up. She entered in July, began taking one teaspoonful four times a day, and now, using her own words, "is perfectly well, both physically and mentally," and we are of her opinion, as she left us in September and is now in perfect health.

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ST. LOUIS, July 20, 1883.

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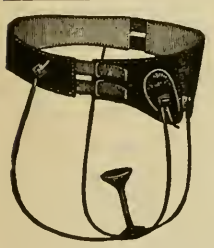

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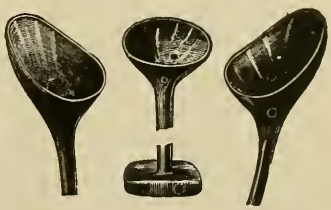

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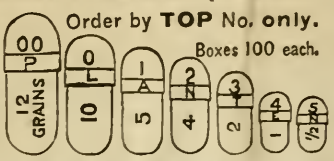

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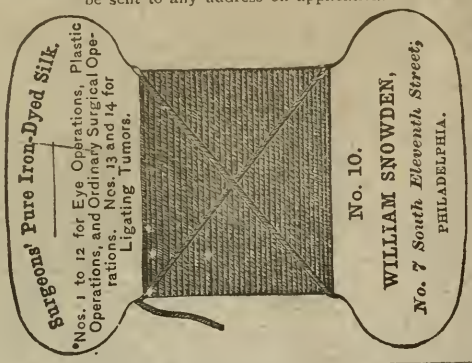
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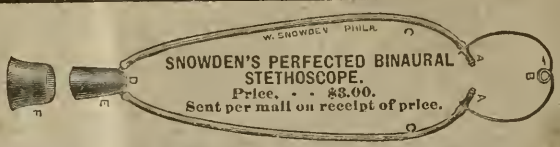

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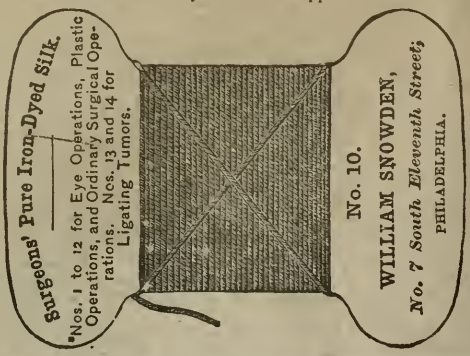
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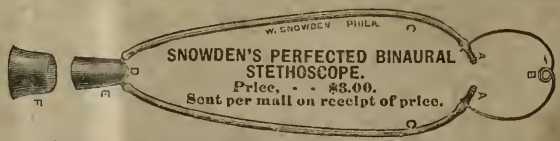

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